

EXHIBIT C

1 STATE OF GEORGIA GENERAL ASSEMBLY
2 THIRTY-SECOND LEGISLATIVE DAY

3

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5

6 2019-2020 REGULAR SESSION
7 Thursday, March 14th, 2019
8 Georgia State Capitol

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11 BEFORE THE SENATE STANDING COMMITTEE ON
12 SCIENCE AND TECHNOLOGY

12

13

14 Senator Renee S. Unterman, Chairperson
15 Senator Greg Dolezal
16 Senator Lee Anderson
17 Senator William T. Ligon Jr.
18 Senator Jennifer Jordan
19 Senator Valencia Seay

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18 Transcript of Hearings

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22 Reported from electronic media by
23 Elizabeth R. Hollingsworth, CCR B-1319

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1 March 14, 2019

2 3:05 p.m.

3 CHAIRPERSON UNTERMAN: I'd like to
4 first of all welcome you to the State Capitol.
5 And especially if you've never been to the State
6 Capitol, we welcome you to the State Capitol.

7 This is the Science & Technology
8 Committee meeting. Today's Thursday, March 14th.
9 And let the record reflect, it's about 3:05 p.m.
10 There's three bills on the calendar.

11 And before we start, I'd like to ask
12 Senator Ligon to have a moment of prayer.

13 (Whereupon a prayer was given.)

14 CHAIRPERSON UNTERMAN: So with that,
15 let me just read a couple of things. I know we
16 have a lot of visitors. They may not have been to
17 the State Capitol before. If you don't know where
18 the restrooms are, they're downstairs on the third
19 floor.

20 The purpose of today's meeting is to
21 thoughtfully review and consider House Bill 481 on
22 behalf of the Senate and more importantly on
23 behalf of the citizens of the State of Georgia.

24 I certainly appreciate the passion on
25 both sides of this issue, but this committee needs

1 an environment that is conducive to thoughtful
2 consideration of House Bill 481 and two other
3 bills that are on the calendar.

4 As a result, displaced disruptions and
5 outbursts within this room will not be tolerated.
6 I trust that everyone understands what is
7 acceptable conduct in this type of environment and
8 will act accordingly. Specifically, there will be
9 no applause, boos, or hisses. There will also not
10 be any loud conversations or any other conduct
11 which may disturb the proceedings.

12 Cell phones are permitted, but they
13 either must be turned off or placed on silent
14 mode. I know that's always a predicament, so
15 please turn your cell phones off. Phone calls
16 shall not be initiated or answered during the
17 meeting. Texting and emailing on a cell phone are
18 permitted provided it is done silently.

19 To everyone who was not able to be
20 accommodated in this room or able to make it to
21 the Capitol today, you can live stream these
22 meetings at Senate.ga.gov by clicking on the
23 Committee Live broadcast link on the main webpage,
24 and then clicking on the Science & Technology
25 meeting. It will take you to a page to view the

1 meeting.

2 Our nonpartisan Senate Twitter account
3 is also live tweeting. This meeting is sending
4 out the live stream link as I speak. Their
5 account is at Georgia Senate Press. Lastly, the
6 TVs in the hall outside this room are streaming
7 the meeting.

8 Then I have some words for when we get
9 to that bill, but we're not to that particular
10 bill just yet.

11 So with that, let's get started on the
12 very first bill. I know Representative Dollar
13 said he had an engagement that he had to get to.

14 Representative Dollar, you want to come
15 up to the podium?

16 REPRESENTATIVE DOLLAR: Would you like
17 me here or here, Madam Chair?

18 CHAIRPERSON UNTERMAN: Right up there
19 at the podium, please.

20 And first of all, you have House Bill
21 341. And we are working off of LC --

22 Can everyone hear me?

23 We're working off of LC 28 9140. And
24 you have the research. This bill passed the House
25 vote 162 to 3.

1 So Representative Dollar, the floor is
2 yours.

3 REPRESENTATIVE DOLLAR: Pardon?

4 CHAIRPERSON UNTERMAN: The floor is
5 yours.

6 REPRESENTATIVE DOLLAR: Thank you,
7 Madam Chair.

8 House Bill 341 is a simple measure. If
9 it looks familiar to the committee, that's because
10 this bill actually passed last year. It's one of
11 about a half a dozen that ran out of time on day
12 40.

13 And what it does is it expands
14 Georgia's piracy law for copyrighted material to
15 include electronic storage devices. Currently if
16 you go and, you know, copy a movie or audio
17 recording on a disk and sell that, that's illegal.
18 But to do so on an electronic storage device,
19 we're talking about a hard drive, thumb drive,
20 type of these things, it's not covered under
21 current state law. This does seek to expand that,
22 and it mirrors federal law.

23 CHAIRPERSON UNTERMAN: Okay. Is there
24 any questions for Representative Dollar?

25 Is there anyone in the room who signed

1 up to testify for or against this bill?

2 Let the record reflect no one is
3 acknowledging that they're here for or against the
4 bill.

5 Any questions for the author of the
6 bill?

7 No questions.

8 I'll entertain a motion on LC 28 9140.

9 Is there a motion?

10 (Motion by Senator Jordan, Seconded.
11 by Senator Anderson.)

12 CHAIRPERSON UNTERMAN: There's a motion
13 by Senator Jordan, and it's seconded by Senator
14 Anderson. Any other further discussion?

15 All in favor, say aye.

16 All opposed?

17 (Motion carries.)

18 CHAIRPERSON UNTERMAN: The motion
19 carries. Thank you very much.

20 And who's carrying your bill?

21 REPRESENTATIVE DOLLAR: I was actually
22 going to see if you had -- if this committee
23 conducted it where you requested somebody. I
24 don't have a Senate carrier yet, but I can get
25 that for you immediately.

1 CHAIRPERSON UNTERMAN: Okay. All
2 right. We'll get it assigned for you. Thank you
3 very much, and we sure do appreciate what --

4 REPRESENTATIVE DOLLAR: Okay. Thank
5 you, Lady Chair, for accommodating me.

6 CHAIRPERSON UNTERMAN: Thank you.
7 You're welcome. Have a good flight.

8 Okay. With that, Representative
9 Dempsey?

10 Thank you.

11 CHAIRPERSON UNTERMAN: I can barely see
12 you.

13 REPRESENTATIVE DEMPSEY: Hey.

14 CHAIRPERSON UNTERMAN: Okay. We
15 have --

16 REPRESENTATIVE DEMPSEY: Good
17 afternoon.

18 I'm going to tell y'all, it's very loud
19 over here. So I don't know if you-all are able to
20 hear me.

21 CHAIRPERSON UNTERMAN: Can you hear us?

22 REPRESENTATIVE DEMPSEY: I can hear
23 y'all a little bit, a little bit. But as long as
24 you can hear me, that's what matters.

25 CHAIRPERSON UNTERMAN: Okay. Wait just

1 a minute.

2 All right. So we have House Bill 197,
3 and we're working off of Representative Dempsey's
4 Bill LC 33 7770S.

5 REPRESENTATIVE DEMPSEY: That is
6 correct.

7 CHAIRPERSON UNTERMAN: This bill passed
8 the House 140 to 28.

9 And before you begin, Representative
10 Dempsey, I just want to say thank you. We have
11 been working on data analytics in the Senate for
12 three years now with Senator Hufstetler. It's
13 been our honor to work on this bill. We're glad
14 you got it through the House this time.

15 This bill has actually, I think, been
16 through the Senate in a different version, but we
17 have been working on it diligently, and we look
18 forward to continue working on it.

19 So with that, you have the floor.
20 Thank you very much.

21 REPRESENTATIVE DEMPSEY: Well, and I
22 thank you for your work on that, Chairman
23 Unterman.

24 Last year we had both -- we had a House
25 and a Senate bill that both passed out but didn't

1 connect and make it over to either side. So this
2 is a very impactful way, I think, for all of us to
3 be engaged in changing how we do business. It's
4 impactful for Georgia. It's impactful for the
5 people we serve.

6 As we -- I don't know. As I asked when
7 I presented the bill on the floor, how many of you
8 have ever tried to collect data, to try to get
9 some information out of one of our agencies to
10 affect a measure you're standing before or if
11 you're working on our budget, and it takes a
12 little while? Because most of our data is static.
13 It's not up to date, operating in realtime as it
14 really needs to be to help us do our very best as
15 we are elected to do.

16 This will create GDAC, the Georgia Data
17 Analytic Center, to be held as a central
18 repository in the Office of Planning & Budget, in
19 OPB. They have been very engaged in this
20 conversation, are ready to catch this and begin to
21 do it as soon as we can send it their way.

22 Kelly Farr and I have talked frequently
23 about it, and he has even made a brand-new hire to
24 help with the work of monitoring data. An expert,
25 Chavis Paulk, is already employed here in our

1 state.

2 So the principle on this is very
3 simple. It will enhance legislative policy
4 decision-making and budgeting through actionable
5 insight using the State of Georgia's, our, very
6 own data that exists today.

7 Our agencies have data. There are many
8 repositories and many collections of different
9 measures. But this will allow us to have a
10 central place where we feed in the exact questions
11 and exact information and control it.

12 Just to deal with some of the ways, it
13 will be timely and accurate access to that data.
14 Cross-agency policy mandates that they participate
15 when the need is desired to identify and
16 performance of cost metrics to understand what is
17 going on, and it gives us a true vision for our
18 future.

19 I know there's much that y'all have on
20 your minds. If you want to go through the bill,
21 I'll be glad to go through that. If not, it's
22 your pleasure.

23 CHAIRPERSON UNTERMAN: Just give us a
24 brief overview. That would be fine.

25 REPRESENTATIVE DEMPSEY: Just a brief

1 overview. So if you look at there and as you
2 begin on the first page beginning around line 12,
3 certainly go through the definitions that exist to
4 clarify.

5 About line 47, you will see the
6 definition of the project. And right here, this
7 is very important. This will be a hybrid system.
8 Some of the information that is not used
9 frequently will be stored in the Cloud. But
10 because the Cloud is expensive to pull that data
11 out of it, you pay for it every time. So for us
12 to be responsible and cost-effective as well, that
13 which needs to be moved around frequently will be
14 left available for us.

15 If you flip over on the third page to
16 line 63, this defines the oversight and the
17 policies where it will be established and vested.

18 If you turn then to Page 4, it
19 continues to go through those policies. And at
20 the bottom of the page on line 127, it gives the
21 authority to the Attorney General's office to
22 review when there is need for that.

23 Also on 142, it begins to talk about
24 reporting and the reports that will be made so
25 that we are sure that everything is being done

1 responsibly.

2 Line 156, as you move toward the end of
3 the bill, it refers to our funding sources. There
4 are many ways that we can do through this: through
5 pulling down grants, some of which we are already
6 missing right now because we do not have this
7 realtime actionable data to actually deal with.

8 One example of that is in the opioid
9 crisis particularly. There are opportunities that
10 we have missed for federal grants because we could
11 not do it quickly and with the substantiated
12 evidence. It will be about analytics and
13 data-driven solutions as we move forward.

14 We're missing projects right now.
15 We're also dealing with challenges, particularly
16 in our foster care system. Director Rollins is
17 here. And in the '19 amended budget that was
18 recently signed, there was money directed in there
19 to help him particularly to deal with the data
20 that allows him to function in a much better way
21 to protect and preserve our children and create
22 the best environments that we possibly can.

23 I would entertain any questions that
24 you may have.

25 CHAIRPERSON UNTERMAN: Well, since

1 Director Rollins is here, we'd love to have you
2 come up and tell us a little bit about your budget
3 items and how you expect to implement any of these
4 processes. That would be great.

5 DIRECTOR ROLLINS: Well, one of the
6 most exciting things --

7 CHAIRPERSON UNTERMAN: And if --
8 Let me just interject.

9 DIRECTOR ROLLINS: Oh, sure.

10 CHAIRPERSON UNTERMAN: If you're here
11 to speak for or against House Bill 197, we'll put
12 some --

13 Did anyone sign up? No one signed up.
14 Okay. Go ahead.

15 DIRECTOR ROLLINS: Thank you.

16 So one of the most exciting things
17 going around nationwide right now is the use of
18 good data that is already present in many state
19 systems to improve our ability to triage child
20 abuse allegations.

21 So we have the potential. In fact,
22 they're in discussions right now with the
23 Department of Public Health and their vital
24 records, with the Department of Education, and
25 with the Department of Community Supervision about

1 how we might pull data when we receive an
2 allegation of child abuse and neglect to better
3 understand the family's history, to better
4 understand what that family's needs may be, and to
5 better determine whether this is something we need
6 to react to immediately; but also so that we can
7 do things like find family, find what we
8 might -- what our staff might encounter if they go
9 out into the field, for example, if a person is
10 under felony supervision.

11 And so in this particular first round
12 that Chairman Dempsey and you were very kind to
13 help us out with, we are going to be working with
14 our team to put together a project to really at
15 least start off with birth records, probably
16 Department of Community Supervision records, and
17 hopefully educational records to see how we can
18 pull those into our system.

19 We receive about 150,000 -- 140-,
20 50,000 complaints of child abuse each year. To be
21 able to prioritize and triage those cases better,
22 we need quick access to data. It is something
23 that I -- I participated in a webinar put on by
24 the American Public Health Services Association
25 this week, and other states are already doing

1 this. And I'm very excited about Georgia being on
2 the cutting edge of that work.

3 So thank you.

4 CHAIRPERSON UNTERMAN: Is there any
5 questions for the director? Any questions?

6 Senator Dolezal, you're three?

7 SENATOR DOLEZAL: Yes.

8 CHAIRPERSON UNTERMAN: Senator Dolezal?

9 SENATOR DOLEZAL: Thank you, Director,
10 for being here.

11 Can you walk me through maybe a
12 specific example of how you have to get data now
13 versus how you would get data if this were to be
14 passed?

15 DIRECTOR ROLLINS: So let me tell you
16 what Florida is doing and what we have to do. So
17 Florida right now has a system. It's called
18 Chronicity. And they are able to really pull in
19 within about seven hours of receiving a call a
20 good bit of data on the birth record of each
21 child.

22 As y'all may know, a birth record from
23 DPH contains much more than the child's name, date
24 of birth, and parents. It contains information
25 regarding whether the child was born premature,

1 whether there are certain health conditions,
2 perhaps something about where the family was
3 living.

4 Right now to obtain a birth
5 certificate, our agency -- we get a case in, and
6 we literally -- we go online, and we ask DPH for a
7 birth certificate, and we get it in the mail.

8 And so if we can develop a system
9 whereby we can identify data that would be helpful
10 after we receive the allegation of child abuse and
11 neglect, if we can pull up some relevant data that
12 helps us better understand who that child is and
13 maybe what that child's past circumstances are,
14 then we'll be able to more appropriately triage
15 the case. Determine perhaps if there's a father
16 in the picture. Determine whether or not -- you
17 know, sometimes we don't know where children are.
18 We need to track them down.

19 So the more that we can pull in,
20 especially from the birth record, if we can
21 automate that, the better off we'll be. And we're
22 already in discussions with DPH about that.

23 SENATOR DOLEZAL: Thank you.

24 CHAIRPERSON UNTERMAN: Okay. Any other
25 questions for Director Rollins?

1 We appreciate you staying this
2 afternoon.

3 DIRECTOR ROLLINS: Yes, ma'am. May I
4 slip out the back door?

5 CHAIRPERSON UNTERMAN: Yes, you can.
6 You're welcome to. You want to get your books,
7 whatever you've got?

8 Okay. Representative Dempsey, I don't
9 see anyone who signed up in favor or against the
10 bill. Let's see if we have questions.

11 Does the committee have questions for
12 Representative Dempsey about the bill, any of the
13 lines on the bill?

14 No questions.

15 Let the record reflect there was no one
16 here for or against the bill except Director
17 Rollins, and I think that was purposeful on your
18 behalf. You didn't want to bring a crowd, but I
19 know there is a lot of people that support this
20 bill.

21 So with that, any other discussion
22 before we are ready to vote on this bill?

23 No other discussion.

24 I'll entertain a motion on LC 33 7770S.

25 (Motion by Senator Anderson.)

1 CHAIRPERSON UNTERMAN: Senator Anderson
2 makes a motion. Is there a second?

3 (Seconded by Senator Seay.)

4 CHAIRPERSON UNTERMAN: Senator Seay
5 seconds.

6 Any other discussion?

7 All in favor, say aye.

8 All opposed?

9 (Motion carries.)

10 CHAIRPERSON UNTERMAN: The motion
11 carries. Thank you.

12 And --

13 REPRESENTATIVE DEMPSEY: I believe you
14 have agreed, as I understand, to carry this bill,
15 and I'm so grateful for that.

16 Together I think each and every one of
17 us that are privileged to actually have the
18 opportunity to vote on this are going to make an
19 impactful way on how in the future we not only can
20 legislate and write policy and appropriate, but we
21 will be able to help save lives and direct our
22 state on a much better path.

23 Thank you for your vote.

24 CHAIRPERSON UNTERMAN: Thank you.

25 If y'all want to go out through Senator

1 Mullis's office, you're welcome to.

2 Okay. With that --

3 (Whereupon off-the-record discussion
4 ensued.)

5 CHAIRPERSON UNTERMAN: Okay. Before we
6 get started on House Bill 481, I was just going to
7 ask the police officers, law enforcement -- I'm
8 not sure. It's hard to hear in here -- is there
9 any way that it could be a little bit quieter out
10 there? I don't know if --

11 Senator Dolezal, can you hear good?

12 SENATOR DOLEZAL: I'm okay.

13 CHAIRPERSON UNTERMAN: You're good?
14 Okay.

15 I didn't know if, you know, the noise
16 outside is coming in here, and it's hard to hear.
17 At least it is -- I'm a little bit older. It's
18 hard to hear.

19 All right. So with that, just for the
20 committee announcements. I'm not planning on
21 having a vote today. But what I wanted ask from
22 the committee -- I just got the committee
23 substitute from Representative Setzler. I gave it
24 to the minority party at the same time I got it.
25 We were putting it in the folder.

1 So what I would like to ask -- I know
2 we're out tomorrow for committee work and being in
3 our districts. If you have amendments this
4 weekend, I'm asking you to get those to me this
5 weekend in preparation for next week so that I can
6 review them.

7 And if you don't -- I know you can't go
8 to legislative counsel. If you just want to write
9 them out and email them to me, that will be fine.
10 I don't need -- I don't necessarily need the exact
11 language, but I do need what your intentions are.
12 And then on Monday, if I have your exact language,
13 that would be good.

14 So today I'm anticipating that this
15 meeting will be about three hours long. We have
16 set it up one hour for testimony from those in
17 opposition and one hour for testimony for those in
18 favor. And then I've allocated an hour for
19 committee discussion. I'm not sure that we're
20 going to need that, but I just wanted everyone to
21 know that you're going to be here for a while.
22 And we have plenty of water, and we'll probably
23 take a break for a restroom break in between
24 those.

25 So I'm going to go ahead and start out.

1 And, Representative Setzler, if you'll go up and
2 give us an introduction to your substitute. We're
3 working on House Bill 481. And correct me if I'm
4 wrong, but I believe we have a substitute. And
5 what is your LC number on your substitute?

6 REPRESENTATIVE SETZLER: Sure. The LC
7 is 22 9335S.

8 CHAIRPERSON UNTERMAN: Yes. That's
9 what we have distributed in your folders. So let
10 the record reflect that we're working off of House
11 Bill 481 as a substitute LC 28 9335S.

12 And, Representative Setzler, I
13 appreciate you working with me. If you'll just go
14 to the podium and present your bill.

15 REPRESENTATIVE SETZLER: Thank you,
16 Madam Chair, Ladies and Gentlemen of the
17 Committee. Madam Chair, if I could, before we
18 begin our present --

19 CHAIRPERSON UNTERMAN: I don't mean to
20 interrupt you. I think the people outside signed
21 up.

22 So, Senator Harrell, if you could put
23 these in the back if anyone in the room wants to
24 sign up.

25 UNIDENTIFIED PERSON: (Inaudible.)

1 Thank you.

2 CHAIRPERSON UNTERMAN: Thank you.

3 If anyone in the room wants to sign up.

4 REPRESENTATIVE SETZLER: And, Madam
5 Chair, if it please the Chair, is there a way that
6 I could influence the people speaking on behalf of
7 the bill from a sign-up perspective?

8 I had a list of folks for that that
9 were not signing up here, but I wanted to see if I
10 could have some influence of sort of the order in
11 which they speak. Would that be possible? Or
12 it's just obviously the Chair's call on that.

13 CHAIRPERSON UNTERMAN: We'll wait till
14 we get to that point and see how many people sign
15 up. I'm not sure how many people are signing. I
16 do know that we're going to have one hour for and
17 one hour against.

18 REPRESENTATIVE SETZLER: Okay.

19 CHAIRPERSON UNTERMAN: We're not going
20 over that hour. So however many people there are,
21 you need to divide up the time.

22 REPRESENTATIVE SETZLER: Yes. That's
23 precisely why I wanted to be able to allocate that
24 time smartly in a way that's most effective to the
25 committee.

1 CHAIRPERSON UNTERMAN: Sure. Sure.
2 Okay. We'll see how many people sign up, and then
3 that way we'll know how long.

4 We want everyone to have the
5 opportunity to be able to speak.

6 REPRESENTATIVE SETZLER: And I would
7 say, Madam Chair, my folks -- there's not a person
8 that I brought to speak on behalf that's in the
9 room right now. They're all stuck outside. So if
10 there's a way we could facilitate that. I do have
11 one person that I designated, one of the highway
12 patrolmen.

13 CHAIRPERSON UNTERMAN: Okay.

14 REPRESENTATIVE SETZLER: But I don't
15 know how to physically even get them in the room
16 right now.

17 CHAIRPERSON UNTERMAN: Okay.

18 REPRESENTATIVE SETZLER: So as it
19 please the Chair, we could work through that.

20 CHAIRPERSON UNTERMAN: We'll get there.

21 REPRESENTATIVE SETZLER: I appreciate
22 it.

23 CHAIRPERSON UNTERMAN: We'll get there.

24 REPRESENTATIVE SETZLER: Madam Chair
25 and Members of the Committee, I appreciate your

1 consideration of House Bill 481 today.

2 As you well know, this is an important
3 question before the committee, and I appreciate
4 the lady's indulgence in being able to make the
5 initial presentation.

6 House Bill 481 is a bill that's
7 anchored in solid science, solid law, and what I
8 believe to be the commonsense values of regular
9 Georgians. What I want to do today is walk
10 through some of the scientific and legal
11 underpinnings of it and then walk members of the
12 committee through the way the bill works to
13 accomplish its ends.

14 That's what HB 481 does, is it, as
15 states have the ability to do, recognizes the
16 humanity of the child in utero more expansively
17 than the minimum standards required of federal
18 law.

19 There's been a lot of discussion in the
20 media about what this bill does and what it
21 doesn't do. But what it does principally is it
22 recognizes a whole class of people that have not
23 been recognized fully by law -- fully under
24 Georgia law.

25 As we recognize in our compound

1 republic with the Federal Constitution, the
2 Federal Constitution sets a minimum baseline by
3 which people's rights are protected. In fact, as
4 we know, in 1868 when the Fourteenth Amendment of
5 the Constitution was passed, it was passed
6 specifically to give rights to an entire class of
7 people that had never been recognized with rights
8 before. It was able to expand rights to those
9 that have been recognized as human beings but not
10 given full legal status under the law.

11 What HB 481 does is it recognizes that
12 states have the ability to recognize rights more
13 expansively, more generously than the minimum
14 standards that apply under federal law. And
15 that's exactly what HP 481 does. It's tailored
16 narrowly for that purpose, and it does some very
17 specific things I'd like to walk you and the
18 committee through today.

19 Madam Chair, as we recognize from the
20 beginning of our nation, life is the paramount
21 right. Our State Constitution recognizes that the
22 protection of person and property is the paramount
23 duty of government. Our State Constitution says
24 that very clearly.

25 And consistent with that State

1 Constitution, HB 481 recognizes that there's an
2 entire class of living distinct people that are
3 distinct from their mothers. They have their own
4 blood type. They have their own circulatory
5 system. They have their own heartbeats and but
6 for nourishment and a safe place to live, can grow
7 to full adulthood like the rest of us.

8 And what HB 481 does is it recognizes
9 that we know biologically from the moment of
10 conception you have a growing human being. But
11 then at the point of a -- the point of a
12 heartbeat, you've got the threshold that
13 throughout law we recognize as a legally and
14 scientifically significant threshold. Page 2 of
15 the bill, Section 2, really walks through those
16 legislative findings.

17 One thing I would like to recognize is,
18 is that as we talk about the science of this,
19 science tells us that human beings beginning at
20 conception are living and distinct human beings.
21 The American College of Obstetrics and Gynecology
22 recognized in the 2015 guidelines that the
23 standard for a viable intrauterine gestation, as
24 it's called, is heartbeat; that you know a
25 pregnancy is viable at that point; and at that

1 point, you have a 95-percent likelihood of the
2 pregnancy going forward to birth and to life as we
3 recognize it here in Georgia today.

4 Furthermore, again, science tells us
5 and law tells us that since the early 1980s, the
6 Uniform Determination of Death Act, UDDA --
7 promulgated by the American Bar Association,
8 recognized by the American Medical Association --
9 establishes that there are three criteria, three
10 test points, by which life exists: if a person has
11 a heartbeat, has respiratory activity, or has
12 brain activity. If one of those three exists
13 without life support, the person is alive.

14 So heaven forbid somebody here were
15 driving home today, and they had an accident, and
16 there was a question whether they're alive or not.
17 Determinations of life are made today that if
18 respiratory activity, brain activity, or heartbeat
19 exists, then the person's alive. So in every
20 other context in life, we recognize legally and
21 scientifically a person's alive if they have a
22 beating heart.

23 Why would we treat it differently in
24 the womb? This bill simply recognizes what
25 science tells us. This bill simply recognizes

1 what law has told us since the late 1970s and
2 early 1980s, that a beating heart represents life.
3 That Uniform Determination of Death Act, we talk
4 about it in a death context typically. But as we
5 look at it very clearly and distinctly in this
6 life context, we recognize that in more than 35
7 states and under federal law, that is the standard
8 by which life is established.

9 And what we do in HB 481 is we
10 recognize that science and law tell -- what
11 science and law tells us; that the threshold of
12 having a human heartbeat is the threshold by which
13 life is recognized. And this bill simply seeks to
14 recognize that life fully under state law.

15 When we consider our ability to
16 recognize, Madam Chair and Members of the
17 Committee, life more expansively than the federal
18 law requires, we need not look for it. We
19 recognize that under Georgia law, our Fourth
20 Amendment privacy protections. We have more
21 protections of being secure in our persons of
22 privacy from unreasonable search and seizures than
23 the minimum standard applied under federal law.
24 There's a number of contexts we can apply.

25 Furthermore, we think about states

1 being able to expand rights and recognize rights
2 more expansively. We need look no further than
3 the state of Massachusetts which almost two
4 decades ago recognized same-sex marriage. The
5 franchise of marriage. The minimum standard was
6 that people of opposite sexes would be recognized
7 in all states as being married.

8 Massachusetts recognized that more
9 expansively. They said people of the same sex can
10 be recognized in the Commonwealth of Massachusetts
11 as being married. They have the ability to
12 recognize that franchise more generously, and
13 that's the same legal tradition we're operating
14 under here.

15 So in that tradition -- and that's even
16 applied, Madam Chair, not just in those couple
17 cases. There's case after case after case in the
18 history of our republic where states are able to
19 more expansively recognize rights. And what HB
20 481 does, it follows in that tradition.

21 In fact, there are even some
22 circumstances -- if you go back to the case of
23 *Pruneyard v Robins*, 1980 case from California,
24 that a privacy interest was asserted by people in
25 California; that the United States Supreme Court

1 said, you don't have that privacy interest.
2 Nowhere in law has that been established for you
3 as a resident of California.

4 In California, the legislature acted.
5 And after the legislative enactment, they
6 recognized that right specifically. And then
7 after that, it was challenged again; and it was
8 recognized by the US Supreme Court. Initially no
9 right existed, the legislature acted, and that
10 right was then recognized as a more expansive
11 right granted by the State of California to their
12 citizens. It's that exact same structure we're
13 walking through here in HB 481.

14 We talk about the scientific
15 significance and solidity of HB 481. This is also
16 legally substantial in solid bill. It's very
17 interesting, Madam Chair. There will be people
18 that come behind me that talk about the -- as they
19 attack the validity of the bill, they're going to
20 talk about constitutionality. They're going to
21 talk about a whole number of things.

22 One thing I want to recognize, I don't
23 have -- we don't have the ability to go through
24 all the cases related to the abortion question
25 today perhaps, but I'm happy to have that

1 discussion as it pleases the committee.

2 One thing that was said in 1973 in the
3 Roe versus Wade decision -- a couple things were
4 said. One of the things that was said was in the
5 dicta. You can read this in the opinion. One of
6 the justices said to the plaintiff's counsel that
7 was actually bringing the case, he said, Counsel,
8 don't you recognize that if the state establishes
9 the personhood of the human being, your entire
10 case crumbles?

11 And the response of the plaintiff's
12 attorney who was actually bringing the case on the
13 pro-abortion side of the case said, I recognize
14 that.

15 If the state recognizes the person of a
16 human being, the entire Roe case crumbles. I say
17 that with a full stop.

18 What we're doing here is we're
19 recognizing the human beings that are
20 scientifically distinct from their mothers as
21 their own persons. We're recognizing them under
22 law not just as human but as a person under
23 Georgia law. That's what HB 481 does. It follows
24 the recommendation -- it follows the process that
25 our federal courts have given us to be able to

1 establish the right of the child in the womb more
2 expansively.

3 Madam Chair, furthermore, before we get
4 into the details, I think the commonsense
5 understanding of Georgians also informs us of
6 this. And when you think about when life begins,
7 you think about inside the womb as this human
8 being develops. You know, what are the legal
9 thresholds? What are the significant biological
10 thresholds that would guide us?

11 Going back to Roe and Casey and other
12 decisions, the opinions themselves tell us the
13 idea that viability of the child being able to
14 live outside the womb is in the words of the
15 opinions themselves somewhat of a dubious
16 standard. There was really no other standard they
17 understood in 1973.

18 We'll have testimony later today, Madam
19 Chair, that talks about that ultrasonography and
20 the ability to see life in the womb in 1973 was
21 not within the practice of obstetrics. It was
22 over in the radiology lab. The obstetricians
23 didn't have the tools we have today. But with the
24 emerging understanding of the distinct living
25 human beings that we're talking about here, we're

1 going to lay the groundwork for you in this
2 process, Madam Chair, to recognize fully to
3 recognition is approximate.

4 Madam Chair, I won't go through the
5 legislative findings in Section 2 anymore. But if
6 it pleases the Chair, if there are some questions
7 at this point, I'll be glad to take them, or we
8 can walk through the provisions of the bill.

9 CHAIRPERSON UNTERMAN: Let's go ahead
10 and walk through the bill.

11 REPRESENTATIVE SETZLER: Thank you,
12 Madam Chair.

13 If I could direct your attention to
14 beginning on line 61, subsection 1-2-1, the bill
15 recognizes what we know biologically and what
16 people know in common sense that the human
17 being -- that human life begins in the womb. And
18 we recognize natural persons as including an
19 unborn child.

20 We provide some definitions here that
21 we think are very medically appropriate for the
22 bill. We talk about -- in fact, we provide in
23 this bill in a way that was asked in the House and
24 then provided in this Senate substitute by the
25 request of members on both sides, the question we

1 define: Detectable human heartbeat. We define
2 unborn child clearly. We don't reference other
3 parts of the code.

4 And we recognize that for state-based
5 population determinations -- whether it's the
6 Department of Community Affairs allocating
7 resources across fast-growing counties or
8 whether it's hospitals, whether it's
9 disproportionate-share hospitals, hospitals that
10 are balancing scarce resources, we recognize that
11 obstetricians treat not just the mother, but they
12 treat two patients; and that children in these
13 circumstances should be treated on statewide
14 population counts.

15 Madam Chair, this in no way affects our
16 census counts. This in no way affects voting. It
17 doesn't do that. This is just for those purposes
18 in which the State makes these population-based
19 allocations because we know that for our voting
20 process and many things even defined in State law,
21 we follow the census count rules by the US Census
22 Bureau, and that would not be changed under this
23 bill. You can see on line 67, "Unless otherwise
24 provided by law ..." Other law provisions would
25 still prevail. But in those circumstances in

1 which there are not specific provisions to the
2 contrary, this standard would apply with respect
3 to those population counts. Because we know --
4 for example, in our healthcare system, we know
5 that the child in utero is really, truly as a
6 separate patient.

7 The unborn child definition, just to be
8 very clear, again, includes children in any stage
9 of development that's carried in the womb. Most
10 of the legal benefits apply at heartbeat. What
11 we're doing here, though, is we recognize an
12 unborn child is at any stage in development in the
13 womb. It doesn't apply to extracorporeal embryos.
14 It doesn't apply to IVF clinics. This is a child
15 in the womb that's growing inside their mother.
16 That's the definition of an unborn child here. We
17 think that's appropriate. And, again, Madam
18 Chair, before we move on from this, the
19 definition, again, of unborn child is consistent
20 with your bill, Senate Bill 77 from 2006 as it
21 applies in 16-5-80.

22 Madam Chair, again, as we walk through
23 the bill, I want you to understand, we believe
24 that it's appropriate scientifically and medically
25 that we recognize the humanity of the child

1 beginning at inception. But with respect to the
2 legal rights contemplated in this bill, I want to
3 be very clear. The legal rights and any
4 restrictions contemplated in this bill, those
5 apply with the presence of a human heartbeat.

6 We recognize in the early beginnings of
7 life that sometimes it's unclear whether a
8 pregnancy is going to be viable. Sometimes women
9 spontaneously lose their children. And before the
10 heartbeat's present, that happens with enough
11 regularity that we believe that even though it is
12 a growing human being, we're not going to -- we
13 don't allow full -- under this bill, full -- the
14 legal status of the child to apply.

15 The legal status is going to apply with
16 respect to any restrictions and tax benefits and
17 other benefits at heartbeat because that's a
18 definable, measurable threshold that we think's
19 important to make sure that we can administer
20 this. We can manage it appropriately. And we're
21 not just -- we don't want the ambiguity of the
22 earliest life to cloud our first priority to the
23 State which is to be a state of laws that's
24 well-managed and that is able to effectuate the
25 policy in HB 481 effectively. So the threshold

1 for all legal protection is here, and any
2 restrictions will apply at the point of a
3 detectable human heartbeat.

4 Madam Chair, on line 4, we define
5 medical emergency. Medical emergency is defined
6 as it is under our current code. House Bill 954
7 in 2012 defined that clearly. We bring that
8 definition over as we do the definition of a
9 medically fetal pregnancy for medical futility.

10 Spontaneous abortion is defined here
11 again. We want to provide clarity and solidity in
12 the law. And at the Chair's behest and the
13 request of members on both sides of the building,
14 we provided these definitions so there's no
15 question exactly what we're talking about, and
16 it's legally and medically sound.

17 Madam Chair, lines 109 through 113 is
18 the operative part of the abortion provisions. It
19 says no abortion shall be authorized or performed
20 if the unborn child has a detectable heartbeat.
21 The provisions on that are -- of a detectable
22 heartbeat are over in the Medical Practice Act in
23 Title 31, 31-9B-2. And there are some relatively
24 minor changes that are required because we already
25 have the duty for doctors to perform -- to

1 ascertain the week of gestational age before an
2 abortion is performed in our state. This just has
3 the determination of a fetal heartbeat.

4 One thing, Madam Chair, we're very
5 careful to do in this bill, we give very broad
6 berth and very broad discretion to the practice of
7 medicine in this. We as a general assembly have
8 always done that. We're not defining a standard
9 of care here. We're not talking about what kind
10 of ultrasound instruments are used. We're not
11 defining these things in statute because this
12 state has always, and I think rightfully, gives
13 broad discretion to physicians to use their
14 medical judgment within the confines of law that
15 we define. And I think that's -- I think you'll
16 see that as you study the bill.

17 The prohibition of abortion with the
18 presence of a human heartbeat, however, has a few
19 exceptions. I will tell you that from the
20 perspective of the bill, we went to some real
21 lengths to create a bill around which we can get
22 consensus.

23 We recognize that no matter the manner
24 of conception -- whether a child's conceived in a
25 loving family, conceived in an unplanned way,

1 conceived in rape -- those children are all
2 equally innocent before the law and have the same
3 value. What we're wrestling with in this, though,
4 the fact that there was an exception here for
5 cases in which a woman is raped, is we're trying
6 to recognize the emotional complexity of that.
7 We're trying to recognize the difficulty of the
8 situation of a woman who's trapped in that
9 unintended and unwelcome circumstance and weigh
10 this out.

11 I'd love to have a bill, Madam Chair,
12 and I'd love us to have a state that there could
13 be consensus among all Georgians that all lives
14 are worthy of full legal protection from abortion.
15 I think this recognizes the difficulty of this
16 question. This recognizes the strong opinions of
17 us at this debate and seeks to land in a place
18 that there's a circumstance where a woman's been
19 raped or a child is conceived in incest, that
20 there is a provision that would allow abortion to
21 continue up to our current standard.

22 Madam Chair, abortions after 20 weeks
23 are not -- even for rape and incest are not
24 allowable under our state law. This doesn't
25 change that. That 20-week threshold remains. But

1 the point of fetal heartbeat, there would be an
2 exception for children conceived in rape and
3 incest.

4 Also, Madam Chair, consistent with our
5 federal courts and our existing law, there is a
6 provision that if a physician determines in their
7 reasonable medical judgment that a medical
8 emergency exists, then that would be an
9 opportunity for the physician to perform an
10 abortion. Medical emergency is defined rigorously
11 in seven lines at the top of the page because we
12 think it's very important to provide clarity
13 there, but it also provides broad discretion to
14 physicians in making that determination.

15 Lastly on lines 126 to 127, there's a
16 provision for if a physician determines that a
17 pregnancy is medically futile, that abortion, as
18 it's allowable under our current law, would be
19 allowable. It defines medical futility in this.
20 Again, I've got some misgivings about this, but,
21 again, Madam Chair, in the interest of providing a
22 bill that we can move towards consensus.

23 My heart would be to get a bipartisan
24 bill. That may or may not happen. But I think
25 the provisions here put us in a place that I

1 believe we can look and say we've listened to all
2 sides. We're trying to find a middle ground
3 that's appropriate but that protects life in the
4 womb with a human heartbeat, I think, as science,
5 law, and common sense would suggest.

6 Madam Chair, going down to the middle
7 of Page 5, line 152, one change that's recognized
8 in this bill that's changed from the House
9 version, based on some folks that brought this to
10 me about providing law enforcement officials
11 broadly the ability to have access to records, we
12 do limit it back to district attorneys in this
13 bill.

14 We do broaden it to district attorneys
15 both where the abortion is performed or the woman
16 on whom the abortion is performed lives because we
17 believe there may be an interest from a
18 perspective of a district attorney, whether a
19 woman's at home taking a medical abortion. It
20 provides the mechanism to keep that within the
21 realm of district attorneys but, again, based on
22 the feedback we got from other members.

23 Line 154 provides access to civil
24 action if there's been a violation of law in the
25 performance of the abortion.

1 And then, Madam Chair, at your
2 behest -- and I appreciate your leadership on this
3 and the leadership of others -- beginning on line
4 158, there's some affirmative defenses for medical
5 practitioners who accidentally cause the loss of
6 the life of a child. I think we'd do well to make
7 sure that unintended consequences are clearly
8 protected under the law. I don't know that it's
9 absolutely necessary to have this. But at the
10 lady's request and the request of some members, I
11 think we'd do well to clarify that with reasonable
12 limitations.

13 We also, Madam Chair, clarify on lines
14 172 and 173 that if a woman seeks an abortion
15 based on the honest belief that she has a medical
16 emergency, that she's in no way going to be
17 subject to any kind of prosecution. Again,
18 there's broad protections for women seeking
19 abortions -- protections from prosecution -- but
20 this provides another recognition of that here in
21 the bill.

22 Madam Chair, Section 5, I'd like to
23 direct the members' attention to. At the request
24 of members candidly on both sides of the political
25 aisle, the question was raised about women being

1 supported during their pregnancy. I think it's a
2 very fair question, something that this
3 legislature, I think, has been very generous to.

4 Under our current structure, we
5 recognize women who are pregnant for prenatal care
6 and childbirth services. We provide public
7 funding for that through Medicaid at more than two
8 times the threshold in which other adults receive
9 Medicaid because we recognize and have long
10 recognized the value of the child in the womb.
11 What this does, it takes it a step further, Madam
12 Chair. Section 5 recognized that there were some
13 limitations -- and I'll speak to the reasonable
14 limitations in a moment -- that a woman who
15 conceives and the child reaches the threshold of
16 having a detectable heartbeat, the woman can
17 pursue a child support action from the father.

18 The question was raised, again, by
19 people on both sides of the aisle, and I think we
20 recognize that the dads are part of the picture
21 here, and the dads ought to be present. And what
22 we do with this, Madam Chair, though, we
23 limit -- we recognize that the cost of carrying
24 a child in utero might be less -- typically it
25 would be less than carrying a child that's going

1 to school and so forth. So we limit it.

2 The maximum amount would be direct
3 medical and pregnancy-related expenses so that
4 there couldn't be some kind of windfall. We
5 wouldn't want to have, you know, people conceiving
6 a child with a very wealthy father and able to
7 draw more dollars down during pregnancy than
8 perhaps was appropriate for their direct medical
9 expenses. We think that limitation strikes the
10 balance to support women in their pregnancy. I
11 appreciate the Chair's direction on helping us try
12 to find that balance. And I think it's something
13 that even the folks that may not like other parts
14 of this bill can recognize is a feature that
15 supports women in a very appropriate way.

16 Madam Chair, Section 6 recognizes that
17 today under law, at the point of quickening,
18 somewhere in the 15-, 16-, 17-week range, that if
19 there's a -- in the civil setting, if there's the
20 death of a child, the full value of the life of
21 the child is available upon quickening. What that
22 means, that goes all the way back to the English
23 common law. Quickening means that the mom can
24 feel the child moving around inside of her. And
25 if we're at that threshold, the full value of the

1 life of the child can be recovered in a civil
2 setting.

3 This recognizes that threshold -- the
4 legally significant threshold of the presence of a
5 heartbeat again. Again, you might consider that
6 "Quickening 2.0." We know what's happening inside
7 of the mother. We know you have a beating heart.
8 We know you've got circulatory activity with the
9 blood system. We think that's the appropriate
10 legal threshold by which the full value of the
11 life of the child, again, consistent throughout
12 our laws.

13 Madam Chair, Sections 7 and 8, I'm glad
14 to speak to the specific provisions of it. What
15 it really does is it gets into our Woman's Right
16 to Know Act and simply puts in the language the
17 "presence of a detectable human heartbeat" next to
18 the current structure that deals with weeks of
19 gestation. That language really tracks all the
20 way down through Section 11. So 7, 8, 9, 10, and
21 11 really just track and add the language into
22 that existing code. But, again, if there's some
23 question, I'm glad to address it, Madam Chair.

24 From a policy perspective, Section 12,
25 that's something that we recognize in the House.

1 We recognize that a member of the human community
2 and expecting parents incur costs. We recognize
3 if we're establishing the legal significance of
4 the child, that upon the establishment of a
5 heartbeat, that we have a new member of our human
6 community and ought to have tax status.

7 So this simply recognizes if mom and
8 dad become pregnant in December of 2018 with their
9 first child, then for their 2018 taxes, they would
10 have three family members with respect to
11 exemptions rather than two. It, again, provides a
12 legally significant threshold being a human
13 heartbeat. This is a modest amount of money, but
14 it recognizes the cost of parenting. As we do in
15 our tax code, I think it's consistent, modest, and
16 appropriate as we address this proposition, Madam
17 Chair.

18 With that, the last couple sections of
19 the bill just deal with the severability clause,
20 the effective date this would become if acted upon
21 by this general assembly on January 1st of 2020.

22 With that, Madam Chair, glad to stand
23 for questions.

24 CHAIRPERSON UNTERMAN: Okay. Let me
25 just ask you, on Section 12, did you ask for a

1 fiscal note?

2 REPRESENTATIVE SETZLER: What we're
3 doing, Madam Chair, since we knew there were going
4 to be some new version of it, I'm asking for a
5 fiscal today on this version.

6 I have talked to the Department of
7 Revenue. I've talked to our Ways and Means
8 Chairman of the House. I could give an estimate
9 where I think we are. I don't want to be -- I
10 don't want to try to play the fiscal office.

11 I do believe when you look at the
12 universe of children that are born, then you look
13 at the fact that children that are conceived
14 January, February, March, April, they're going to
15 be conceived in the first year and born in the
16 same year. There would be no tax benefit.

17 That's really people conceived in the
18 last half, six, eight -- six, seven, eight months
19 of the year. That limits the cost. There's a
20 number of families that don't file income taxes
21 based on where their income was. There's also
22 folks that from a tax perspective take a standard
23 deduction.

24 So as you whittle that down, we think
25 we're somewhere in the 7-, 8-, maybe

1 \$9-million-a-year range for this. But all those
2 dollars are going directly back to young families
3 that have kids on the way. And, again, now that
4 we've got an LC version, I think with some
5 stability, we're already in that process of
6 finalizing that.

7 CHAIRPERSON UNTERMAN: Did they give
8 you any indication of when they would have it?

9 REPRESENTATIVE SETZLER: I'll express
10 the Chair's interest in getting that back ASAP.

11 CHAIRPERSON UNTERMAN: Thank you.

12 All right. Could you give us -- before
13 we start to ask questions -- your list of those
14 speakers. And perhaps we can --

15 REPRESENTATIVE SETZLER: Madam Chair,
16 I've got a -- I've given a list to Mr. Cole Muzio
17 out front. I can write them down. If he can --
18 I've asked him to kind of get our folk together.
19 I can --

20 CHAIRPERSON UNTERMAN: Can you tell him
21 to get in touch with Mr. Cook?

22 REPRESENTATIVE SETZLER: Okay. I can
23 name most of them now if that helps you.

24 CHAIRPERSON UNTERMAN: No. Well, no,
25 it really doesn't. Who did you give it to?

1 Oh, to you?

2 UNIDENTIFIED PERSON: Yes. He's right
3 outside now. I can get him.

4 CHAIRPERSON UNTERMAN: Okay. If y'all
5 just get out there and get them lined up.

6 So let's let the senators ask the
7 author of the bill any questions that you might
8 have as a precursor.

9 Did Senator Dolezal leave?

10 He's coming back? Okay.

11 Is there anyone who has any questions
12 for the author? Y'all's lights aren't turning on.
13 Just raise your hand.

14 Senator Jordan?

15 SENATOR JORDAN: Thank you.

16 CHAIRPERSON UNTERMAN: What number are
17 you?

18 SENATOR JORDAN: I'm number nine.

19 CHAIRPERSON UNTERMAN: Okay. Thank
20 you.

21 SENATOR JORDAN: Thank you, Madam
22 Chair.

23 Representative Setzler, the guarantee
24 of due process under the US Constitution exists to
25 prevent unwarranted governmental interference for

1 personal decision in life; isn't that correct?

2 REPRESENTATIVE SETZLER: It is -- that
3 is among the purposes. The due process is that
4 we -- again, if you follow that, it's all in
5 furtherance of us fully recognizing our
6 affirmative rights.

7 SENATOR JORDAN: Exactly.

8 And a woman's ability to decide whether
9 to have children or not involve the most personal
10 choices a person may make in a lifetime, choices
11 central to personal dignity and autonomy and that
12 are central to the liberty protected by the
13 Fourteenth Amendment; correct?

14 REPRESENTATIVE SETZLER: Ma'am, I think
15 if you follow the court decisions on the abortion
16 question, I think there's been established in our
17 federal courts a liberty interest of the mother,
18 liberty -- privacy interest of the mother that the
19 court's giving great deference to. And that's
20 what we're balancing with this bill is we're
21 balancing the liberty interest of the mother,
22 which I think we recognize the courts -- the
23 federal courts have established -- with the life
24 interest of the child.

25 And this bill seeks to recon -- seeks

1 to address those, not ignore them. Take them on
2 in a meaningful, direct, and appropriate way and
3 strike that balance as I think the courts would
4 expect us to.

5 And I think where this bill addresses
6 it, it strikes the balance in place perhaps
7 different than some would choose to strike it, but
8 this does -- this bill seeks to recognize the life
9 interest of the child, the privacy interest of the
10 mother.

11 For example, the question of rape and
12 incest, those are all things that are incident to
13 this privacy interest of the mother we recognize;
14 and how we balance that is what this bill is
15 seeking to achieve, the appropriate balance.

16 SENATOR JORDAN: And I was glad to see
17 in the committee substitute that you're now using
18 the Georgia constitutional language because you're
19 aware that the Federal Constitution, the
20 Fourteenth Amendment applies to people that are
21 born; correct?

22 REPRESENTATIVE SETZLER: Actually, if
23 we could speak to that. I appreciate that. The
24 Federal Constitution -- and if someone's -- I
25 didn't bring one with me, but I did look this up

1 on questioning earlier. If someone's got one
2 here, I can look it up on a phone.

3 SENATOR JORDAN: I have the language of
4 the Fourteenth Amendment.

5 REPRESENTATIVE SETZLER: We're going to
6 go there.

7 I appreciate that, ma'am.

8 If the lady would indulge me.

9 The Fourteenth Amendment, the birth
10 provision -- and, again, I think it's an
11 appropriate thing to get into.

12 "All persons born or naturalized in the
13 United States, and subject to the jurisdiction
14 thereof, are citizens ... [in] the state [in
15 which] they reside." So the birth component links
16 to citizenship. Okay? "No state shall make or
17 enforce any law ..." It goes on.

18 So as you follow this down, the birth
19 component deals with citizenship. But,
20 furthermore, it says, "... nor shall any state
21 deprive any person" -- not birth -- "person of
22 life, liberty, or property, without due process of
23 law ..." So the due process provisions in the
24 Fourteenth Amendment tie to personhood, not to
25 birth.

1 Furthermore, "... nor deny to any
2 person within its jurisdiction the equal
3 protection of the laws." That is right at the
4 heart of this question to the lady from North
5 Atlanta. Personhood ties to equal protection and
6 due process. Birth ties to citizenship.

7 SENATOR JORDAN: But now I'm confused
8 because the whole -- your whole argument has been
9 Pruneyard gives Georgia -- the State of Georgia
10 the ability to go further than the Federal
11 Constitution with respect to the protections that
12 we may provide our citizens. That was your
13 argument earlier; correct?

14 REPRESENTATIVE SETZLER: Pruneyard is
15 just one example of many. I cited that as an
16 example. We could align a whole number of cases
17 where states recognize rights more expansively.

18 SENATOR JORDAN: And with respect to
19 Pruneyard, you kept saying that the US Supreme
20 Court allowed a legislative act to then basically
21 trump or provide more rights than the US
22 Constitution.

23 But, in fact, what they were talking
24 about dealt with the State Constitution in and of
25 itself; correct?

1 REPRESENTATIVE SETZLER: Well, let me
2 draw the distinction. I appreciate the question.

3 Again, Pruneyard is one of many cases.
4 I think you would agree that states can more
5 expansively recognize rights than the Federal
6 Constitution does. Would the lady agree with that
7 as a proposition?

8 SENATOR JORDAN: No, I would not. Not
9 with respect to this case.

10 REPRESENTATIVE SETZLER: Okay. Not
11 with respect to this case. Would you recognize it
12 in another context? In a privacy context?

13 We have Fourth Amendment protections
14 here in our state that the federal government
15 doesn't recognize. For example, at the federal
16 level, taking DNA upon arrest is a process. We
17 limit that to felony arrest. We used to limit it
18 only to people that were incarcerated in prison --
19 not jail, but prison -- because we recognize the
20 privacy interest more expansively than the minimum
21 requirement of federal law. So as we look across
22 our Constitution, there's many, many circumstances
23 where that happens.

24 Pruneyard is simply one case where I
25 think it was interesting, and I raise it, because

1 a Californian asserted a right as being more
2 expansive than what was recognized at the federal
3 level, and the Supreme Court says, you don't have
4 it because it's not been given to you by the
5 state. The state then acted.

6 Our Constitution is consistent with
7 HB 481, the paramount right to life that's
8 contemplated there. We're simply fleshing that
9 out in statute in something that's already in the
10 Constitution.

11 Pruneyard -- in something that's really
12 a difference without a distinction -- they had to
13 put in place a state constitutional enactment to
14 get it because the Constitution didn't specify it
15 for them. Well, once that enactment went in
16 place, the federal courts recognized California
17 had acted to that appropriate state process, and
18 that right was recognized more expansively than
19 the minimum requirements of federal law. That's
20 the reason we use that as one of many examples.

21 SENATOR JORDAN: Representative, I'm
22 not going to argue Pruneyard with you, but I'm
23 just trying to get to the point. My understanding
24 is that really what you're trying to do is to now
25 recognize unborn children as natural persons in

1 the state, which is something that has not been
2 done previously under any statute and/or
3 constitutional case law; isn't that correct?

4 REPRESENTATIVE SETZLER: I would agree
5 with that. And that's precisely why this is a
6 novel question. No state has put before a federal
7 court the question before us today. States have
8 the opportunity -- in fact, again, in the Roe
9 decision, they said, listen. If a state
10 establishes personhood, the entire Roe logic
11 collapses. Plaintiff's counsel recognized that
12 verbally in the discussion.

13 So we are -- that is precisely the
14 point, Senator. We're putting a novel question
15 before our courts. And, again, in the line of the
16 Fourteenth Amendment, we're recognizing a right of
17 an entire class of persons that's not been
18 recognized before.

19 But by HP 481 consistent with the
20 paramount right that's already spelled out in our
21 Constitution, we're fleshing that out in detail
22 and providing it in the four corners of this bill.

23 SENATOR JORDAN: In terms of the
24 personhood, though, the whole point in Roe was
25 that, yes, it would collapse if they could

1 establish it. But that's the point.

2 The court actually said in Roe that the
3 litigants could not come back and actually provide
4 any case law or any decision that would indicate
5 that a fetus could be considered a person under
6 the Fourteenth Amendment; is that not correct?

7 REPRESENTATIVE SETZLER: In the state
8 of Texas in 1973, that's exactly right. In the
9 state of Texas in 1973, the court said, you
10 haven't been able to do this.

11 In fact, as you follow the logic of the
12 Roe court, it says, for example, you didn't
13 recognize children -- unborn children in the
14 statewide population counts, specifically really
15 with the guidance of the Roe court. That's why we
16 provide the section of the bill that does exactly
17 that.

18 SENATOR JORDAN: But with respect --

19 REPRESENTATIVE SETZLER: And if I
20 could, furthermore, we talk about tax status. And
21 we're providing tax status beginning, again, at
22 the legally appropriate threshold of heartbeat.
23 We're providing tax status to kids because they
24 are natural persons.

25 Furthermore, with respect to child

1 support, we think it's important to provide that
2 same status because it's good for women, and it's
3 also legally and scientifically supported.

4 SENATOR JORDAN: In terms of the tax
5 status -- let's get back to that a little bit.
6 Now, what are you going to do about all the
7 miscarriages? Because I'll get to claim that;
8 right?

9 REPRESENTATIVE SETZLER: Well, I
10 appreciate the lady's question.

11 You think about circumstances today,
12 you know, the way we define children today in our
13 tax code. If there was a family that had a child
14 that was born in August and tragically died in
15 November, what would we do?

16 If this was November of 2019, a
17 child -- three-month-old child's died, that
18 family, although they take no joy in it, on their
19 2018 tax return, it's mom and dad and this child
20 that's died. They have three members of their
21 family for that year.

22 It's exactly the same as we treat it
23 under existing code today. If she lost her -- if
24 it's established at the point of -- with a fetal
25 heartbeat and you lose them at some point later in

1 pregnancy, it's exactly like the tragedy of losing
2 a child today that's crying in a nursery.

3 SENATOR JORDAN: So I just want to make
4 sure that your fiscal note is taking that into
5 consideration in terms of the percentages of these
6 pregnancies that end in miscarriages after the
7 point in time when they actually hear a heartbeat
8 or that it can be detectable.

9 REPRESENTATIVE SETZLER: True.

10 SENATOR JORDAN: Because I don't think
11 that your numbers really take that into account.

12 REPRESENTATIVE SETZLER: Again, to the
13 lady's question, I appreciate that.

14 One of the reasons we use heartbeat as
15 the legally significant threshold is because at
16 the point of fetal heartbeat, you have a 95
17 percent chance of the child being carried through
18 to term, just statistically. So we have a high
19 confidence at that point that the pregnancy is
20 going to carry forward, and that the child's going
21 to make it. Another reason why I think it's a
22 stronger threshold than to try to do it before
23 heartbeat.

24 SENATOR JORDAN: With respect to
25 that -- I've seen the 95 percent number thrown

1 out -- where is that from?

2 REPRESENTATIVE SETZLER: I could cite
3 that for you. I got that from the medical
4 literature. I can find it for you.

5 SENATOR JORDAN: Okay. Because I've
6 never seen that. And, in fact, it's not
7 consistent with any experience I've ever had or
8 any consistency with any other woman that I know
9 has ever had.

10 Now, in terms of --

11 REPRESENTATIVE SETZLER: And, ma'am --

12 SENATOR JORDAN: -- the definition of
13 the unborn child, I know that you feel very
14 convicted about this. But there are some specific
15 things in the statute and the language. The
16 language now or at least the definition of unborn
17 child is actually inconsistent now, the new in the
18 sub with existing law. Do you understand that?

19 REPRESENTATIVE SETZLER: I don't think
20 it is.

21 SENATOR JORDAN: Well, Section --

22 REPRESENTATIVE SETZLER: I will tell
23 you this, ma'am -- Senator. I don't doubt that
24 there are places across our code with lots of
25 definitions. The definitions change.

1 One reason we put it in Title 1 is so
2 that it can be applied broadly across the code.
3 This definition -- which I recognize there's more
4 than one definition in our code. This definition
5 of unborn child was picked out of 16-5-80 because
6 it's a clearly spoken definition. It uses terms
7 people understand.

8 If there's another part of our code
9 where unborn child is defined that I need to pick
10 up and amend it to the bill, another section that
11 we could offer to make sure all the definitions
12 are the same, I'm friendly to do that, Senator.

13 SENATOR JORDAN: Representative, it's
14 in the code that you're trying to actually amend
15 with this bill. If you look at 31-9a-2(7),
16 "'Unborn child' or 'fetus' means a member of the
17 species homo sapiens from fertilization until
18 birth."

19 So with respect to this definition, it
20 doesn't then require that the fertilized egg be in
21 a uterus. All it requires is that there be
22 fertilization, which, of course, would apply to
23 zygotes or embryos -- frozen embryos in fertility
24 clinics and the like. You would agree with that?

25 REPRESENTATIVE SETZLER: I would agree

1 that the definition of fertilization that doesn't
2 have the carried-in-the-womb provision would lead
3 to that, which is precisely why this bill defines
4 a child from which biological development or
5 fertilized egg that's carried in the womb as a
6 provision and implanted at conception. So I'd
7 appreciate --

8 And if the Senator could find other
9 examples where it's appropriate, I would be glad
10 to make those changes so we have consensus across
11 the hall.

12 SENATOR JORDAN: Just a couple more
13 questions.

14 CHAIRPERSON UNTERMAN: Yes. I think
15 you're --

16 SENATOR JORDAN: I know. I know.

17 CHAIRPERSON UNTERMAN: I think Senator
18 Seay's got some questions. I know --

19 SENATOR SEAY: Well, I'll rest my time
20 to the Senator because I think she's established a
21 lot my answers in hers. So I'm good.

22 CHAIRPERSON UNTERMAN: Okay. Well,
23 there's other senators. If you could --

24 SENATOR JORDAN: I'm going to be quick.

25 SENATOR SEAY: (Inaudible.)

1 CHAIRPERSON UNTERMAN: -- have about
2 five more minutes.

3 SENATOR JORDAN: Great.

4 You talked about the Uniform
5 Determination of Death Act; correct?

6 REPRESENTATIVE SETZLER: Yes, ma'am.

7 SENATOR JORDAN: But you always keep
8 citing to the UDDA. Why don't you actually cite
9 to the code provision itself where it's enacted
10 under Georgia law?

11 REPRESENTATIVE SETZLER: Well, to
12 answer your question, what we're trying to do
13 here, Senator, is we're trying to find in utero
14 what are key legally significant thresholds? What
15 are scientifically significant thresholds and
16 legally significant thresholds?

17 I think it's important. I think if we
18 were -- if we took an intellectually honest look
19 at this, that if the presence of a human heartbeat
20 is a legally significant threshold for life
21 outside of the womb, it should be a legally
22 significant threshold for life inside of the womb.

23 I would certainly posit that, and I
24 think there could be debate about it. But I think
25 that's part of this discussion. So that's a

1 national standard, and I think it's something that
2 we'd do well to follow.

3 SENATOR JORDAN: Representative, again,
4 I really just want to look at the law as it exists
5 now because --

6 REPRESENTATIVE SETZLER: In Georgia or
7 at the federal level?

8 SENATOR JORDAN: In Georgia.

9 REPRESENTATIVE SETZLER: Okay.

10 SENATOR JORDAN: It's a model act,
11 meaning we took model language, and then we enact
12 it here in the state; correct?

13 REPRESENTATIVE SETZLER: That's often
14 what happens. Sometimes there's modifications, as
15 you know.

16 SENATOR JORDAN: And that's exactly
17 what's happened here; correct? Have you read our
18 Uniform Determination of Death Act?

19 REPRESENTATIVE SETZLER: I have. I
20 can't -- I probably can't recite it as well as the
21 lady can because you've got it in front of you,
22 but I'm glad to discuss that with you.

23 SENATOR JORDAN: Well, it's 31-10-16,
24 and you've misrepresented some of the indications
25 in terms of determinations of death which you then

1 have extrapolated to determinations of life.

2 REPRESENTATIVE SETZLER: What are those
3 determinations there?

4 SENATOR JORDAN: Well, one is "(1)
5 irreversible cessation of circulatory and
6 respiratory function" together. So it's not just
7 if there's a heartbeat, then you are alive in
8 Georgia. That's actually not what the UDDA says
9 at the model level or at the State level.

10 REPRESENTATIVE SETZLER: So the lady's
11 question -- so your point is, would you suggest
12 that we clarify in that code section that any of
13 those three would be a threshold? Or do you
14 recognize that the threshold of a human heartbeat
15 is a core component of life?

16 SENATOR JORDAN: I'll tell you what I
17 can agree to. I can agree to what the
18 Constitution requires as it has been interpreted
19 by the United States Supreme Court, which does but
20 previability and post-viability.

21 And with respect to the fetal heartbeat
22 or fetal cardiac activity that you've pointed out,
23 that without functioning respiratory or
24 respiratory function under our law doesn't
25 indicate that you are alive.

1 REPRESENTATIVE SETZLER: I will tell
2 you too, though, if you think about this -- and,
3 again, I don't want to get too far out there on
4 the medical threshold, that I'm not -- we've got
5 some other experts that can speak to that.

6 I will tell you this, that there is a
7 distinction when you overlay life support on top
8 of this. It does make it a -- it creates a
9 circumstance where in many cases -- I think the
10 Senator would recognize, when you have people on
11 life support, what are the thresholds for
12 determining living or not living on life support?

13 And the point I'm making with respect
14 to not on life support is perhaps a simpler point;
15 that if there's a beating heart and respiratory
16 activity is temporarily stopped, that a person
17 would be deemed to be alive. And I think we'd do
18 well to recognize the distinction between life
19 support circumstances, which UDDA contemplates,
20 and the simplicity of what I believe is a solid
21 foundation for law that if there's a beating
22 heart, it's worthy of legal protection.

23 Whether or not -- we could debate the
24 UDDA piece, how it applies in Georgia, how it
25 applies with life support, how it applies

1 nationally. But I do believe it's an important
2 threshold that's underlined in this bill, that
3 whether we acted wisely in 1985 or whether that's
4 intended to overlay with life support.

5 The bottom line here -- and it is a
6 policy question, the lady's question -- HP 481
7 recognizes that -- and anyone that would support
8 481 recognizes that if there's a beating human
9 heartbeat, they would receive full legal
10 protection under our laws. And I think that's an
11 appropriate place to land. It may be a policy
12 question.

13 SENATOR JORDAN: And one final
14 question. You indicate that part of the reason
15 that this is necessary is because our developments
16 in terms of technology, ultrasonography you
17 indicated, correct, which is what you indicate can
18 detect the fetal embryonic activity? True?

19 REPRESENTATIVE SETZLER: That's not why
20 we're doing this. No, ma'am, it's not.

21 SENATOR JORDAN: Well, it's one of the
22 reasons you cited in a previous version of the
23 bill. But just hold on, and then you can tell me.

24 REPRESENTATIVE SETZLER: Okay.

25 SENATOR JORDAN: With respect to that,

1 you would agree that the only type of
2 ultrasonography that can pick up embryonic fetal
3 cardiac activity at 5.5 weeks or 6 weeks is a
4 transvaginal ultrasound; correct?

5 REPRESENTATIVE SETZLER: There are
6 three kinds of ultrasounds generally. I'm
7 oversimplifying. You have a Doppler ultrasound
8 which picks up sound. You have a transabdominal
9 ultrasound which picks up images and sound. It's
10 less sensitive than a transvaginal. And then the
11 transvaginal is the most sensitive.

12 One of the reasons we give doctors
13 broad discretion to make these determinations --
14 we don't get into saying what kind of device
15 you're using. You've got to do this -- is that --
16 we leave it up to physicians to make this
17 determination.

18 And it's -- ma'am, if I could. We
19 allow them to operate within their standard of
20 care.

21 SENATOR JORDAN: So this is what's
22 worrisome about that because what we know is that
23 with a Doppler, it won't pick up a lot of times,
24 determining on the girth of the woman, how the
25 baby is placed, whatever, or even the ability of

1 the person doing the ultrasound appropriately;
2 that a Doppler or on-the-abdomen ultrasound won't
3 pick up the fetal cardiac activity until about
4 12 weeks normally; correct?

5 REPRESENTATIVE SETZLER: I've been told
6 8 to 12 weeks, yes.

7 SENATOR JORDAN: Okay. We know with
8 the transvaginal, it does 5.5 to 6 weeks. At
9 least the literature indicates that. So if I'm a
10 physician and I say, you know what? I'm going to
11 do a Doppler on you. And then I perform an
12 abortion because I don't get a heartbeat at
13 8 weeks, 9 weeks. But then uh-oh, I messed up.
14 What do we do then? I mean, is that physician
15 then going to be subject to any kind of criminal
16 liability?

17 REPRESENTATIVE SETZLER: I appreciate
18 the question. That is precisely the kind of
19 flexibility we give physicians in this bill. We
20 don't establish a methodology by which that
21 determination is made. We give physicians broad
22 discretion to make that determination.

23 So to your question, if a physician was
24 trying to -- if you believe there's a bias here, a
25 physician could potentially bias the instrument

1 they use to make the determination. I don't
2 believe that's an issue.

3 I trust our physicians within the
4 confines of law to make a determination on whether
5 there's a fetal heartbeat or not, and that's what
6 we do as a general assembly. We don't get into
7 the -- we don't get into defining means, methods,
8 technologies that exist in 2018 versus 2004 versus
9 2030. We're going to leave it to physicians to
10 make the determination, and I think that's as far
11 as we're advised to go as a legislature.

12 SENATOR JORDAN: Well -- and the
13 problem with that is then you have a
14 constitutionally vague criminal statute that
15 won't -- regardless of all the issues we have in
16 terms of the fundamental rights of women -- won't
17 stand up to constitutional scrutiny just because
18 of the vagueness, because just what you said, in
19 terms of they can just do whatever they want.
20 Maybe they go to jail. Maybe they don't.

21 REPRESENTATIVE SETZLER: Would the lady
22 prefer -- and let me ask you this. I disagree
23 with your premise.

24 SENATOR JORDAN: And, Senator [sic]?
25 Senator [sic]?

1 REPRESENTATIVE SETZLER: Madam Chair,
2 can I ask a question?

3 SENATOR JORDAN: I would prefer --

4 CHAIRPERSON UNTERMAN: Sir, wait. Wait
5 just a minute. Ask a question and answer a
6 question. And --

7 SENATOR JORDAN: I'm finished, Madam
8 Chair.

9 CHAIRPERSON UNTERMAN: You're finished?
10 You want to answer the question?

11 REPRESENTATIVE SETZLER: I do. I
12 disagree that it's unconstitutionally vague. We
13 have other thresholds by which we make medical
14 determinations all the time, you know, the very
15 definition of is someone alive or dead. We have
16 physicians, we have coroners, we have people all
17 the time in this state make these very delicate,
18 difficult decisions all the time.

19 All of us in this room some day will
20 pass away. That decision will be for all of us
21 some day. And it is no simpler at the end of life
22 at a ripe old age than it is in these
23 circumstances. But it's not unconstitutionally
24 vague in that setting, nor is it here, Senator.

25 CHAIRPERSON UNTERMAN: Okay. Thank

1 you .

2 Senator Ligon, did you have any
3 questions?

4 SENATOR LIGON: I do.

5 CHAIRPERSON UNTERMAN: I had a question
6 about line 152 to 154. Currently that is current
7 law, but you're adding and expanding it with where
8 the abortion occurs or the woman upon whom an
9 abortion is performed resides. So that would be
10 where a woman lives?

11 REPRESENTATIVE SETZLER: That's
12 correct.

13 CHAIRPERSON UNTERMAN: And that's the
14 only addition that you're adding to it?

15 REPRESENTATIVE SETZLER: Yes, ma'am.

16 CHAIRPERSON UNTERMAN: The current law
17 already states that the health records would be
18 available to the district attorney?

19 REPRESENTATIVE SETZLER: That's
20 correct.

21 CHAIRPERSON UNTERMAN: So currently in
22 the state of Georgia, district attorneys have
23 those privileges?

24 REPRESENTATIVE SETZLER: Currently in
25 the state -- yes, ma'am. In the state of Georgia,

1 district attorneys in locations where abortions
2 are performed. As you know, the vast number of
3 abortions are performed in 15 to 20 facilities
4 here in the state, and only those district
5 attorneys would be in a position to have access to
6 health records.

7 This would expand. If there's a woman
8 from a rural area in which abortions are not
9 performed, her DA would have access to those same
10 records. That's the only change. That's correct.

11 CHAIRPERSON UNTERMAN: Okay.

12 REPRESENTATIVE SETZLER: The House
13 version took a different approach, but we listened
14 to people on both sides of the question --

15 CHAIRPERSON UNTERMAN: Right.

16 REPRESENTATIVE SETZLER: -- and felt
17 like this was the right balance.

18 CHAIRPERSON UNTERMAN: Right. I just
19 wanted to make sure that the committee understood
20 that because I didn't. And we narrowed it.

21 Senator Ligon?

22 SENATOR LIGON: I think the bill has
23 some affirmative defenses in there. Could you
24 explain how those will work?

25 REPRESENTATIVE SETZLER: Thank you,

1 Senator Ligon.

2 I would direct the committee members
3 to -- beginning on line 158, "It shall be an
4 affirmative defense to prosecution ..." for
5 licensed physicians if they're providing
6 medical treatments to a pregnant woman and
7 result in an accidental or unintentional injury
8 or death of an unborn child, it couldn't be -- it
9 couldn't -- there could be no color of law that
10 would allow that to be considered an abortion or a
11 violation of law.

12 The same thing would apply to an APRN,
13 nurse, or licensed practical nurse, if they're
14 providing healthcare within their appropriate
15 scope and there was an accidental death or injury.
16 So APRNs, pharmacists in providing drugs within
17 the practice of pharmacy, and, likewise, for
18 physician assistants.

19 Also we give another affirmative
20 defense -- and by the way, Mr. Chair [sic], for
21 those who may not be practicing attorneys, the
22 affirmative defense is a very strong position to
23 take. If you prove by a preponderance of evidence
24 that the condition exists, then you're exempt from
25 any criminal responsibility. So it's -- I think

1 it's a pretty strong protection here.

2 And, likewise, we do it for the woman
3 seeking an abortion. If she reasonably believed
4 that the abortion was the only way to prevent a
5 medical emergency -- we talk about what those
6 are -- we give her an affirmative defense here. I
7 think she already has protections under our law,
8 but this just gives another clarification of that.

9 UNIDENTIFIED PERSON: Have you got a
10 question?

11 CHAIRPERSON UNTERMAN: And that
12 affirmative defense was not in the original bill?

13 REPRESENTATIVE SETZLER: None of these
14 affirmative defenses were in the original bill. I
15 think our laws provide --

16 CHAIRPERSON UNTERMAN: And --

17 REPRESENTATIVE SETZLER: -- I think
18 provide these generally. But having these
19 specified was something that the Chair and some
20 others came to me and asked me to make sure we put
21 in the bill, and I'm happy to do that.

22 CHAIRPERSON UNTERMAN: And let me just
23 ask you: 152, 154, what's the difference in the
24 original version?

25 REPRESENTATIVE SETZLER: Madam Chair,

1 152, 154, the original version had these records
2 being available to law enforcement or DAs. So it
3 contemplated a law enforcement agent being able to
4 have access to these.

5 And I think people just raised that
6 question. Said, you know, let's -- in terms of
7 the sensitivity of the information -- DAs are
8 doing it today. They've got the processes in
9 place that are maybe more appropriate. And some
10 members came to me, and that was an easy thing to
11 indulge.

12 I do think from a policy perspective,
13 if a woman is in a judicial circuit with a
14 district attorney in which an abortion is not
15 performed -- I think elected district attorneys, I
16 think, should have access to that. It's not
17 really inconsistent with other powers they already
18 have. It just clarifies it here.

19 CHAIRPERSON UNTERMAN: Okay. Thank
20 you.

21 Senator Ligon, did you have a question?

22 SENATOR LIGON: Anderson, he had one, I
23 believe.

24 CHAIRPERSON UNTERMAN: Senator
25 Anderson?

1 SENATOR ANDERSON: Thank you,
2 Mr. Chairman [sic].

3 Representative, in the bill, I see
4 where you've got the protection for the doctors
5 and nurses and all. What about the hospital or
6 the clinic? I mean, usually lawyers, if they
7 can't sue one group, they're going to go after
8 another group.

9 REPRESENTATIVE SETZLER: Yes.

10 SENATOR ANDERSON: So is the
11 hospitals --

12 REPRESENTATIVE SETZLER: To the
13 Senator's question, again, I'm looking to get an
14 idea -- really an ideal bill created. If there's
15 a legitimate need to include facilities like that,
16 I'm open to the question.

17 I mean, typically you think about the
18 responsibility accrues to the individual
19 practitioner, particularly from a criminal
20 responsibility perspective. Civilly sometimes it
21 can be more of a -- take a different direction.

22 Criminal responsibility for an
23 institution is pretty rare unless there's
24 directors and there's sort of a conspiracy
25 component to it. It's pretty rare for facilities

1 to have that kind of responsibility. But if
2 there's something that we need to clean up, I'm
3 certainly open to it philosophically.

4 SENATOR ANDERSON: Thank you.

5 REPRESENTATIVE SETZLER: Again, I would
6 caution the Senator this, there will be -- and I
7 told Senator Ligon and the Chairlady this. As
8 soon as you start putting affirmative defenses in
9 place, there's a whole trail of people following
10 you around the Capitol wanting their affirmative
11 defense. I do think we need to have balance and
12 some restraint there.

13 CHAIRPERSON UNTERMAN: Okay. Any other
14 questions for the author?

15 SENATOR JORDAN: I have one more to
16 follow up on.

17 REPRESENTATIVE SETZLER: Sure.

18 CHAIRPERSON UNTERMAN: I think Senator
19 Seay, you have one?

20 SENATOR SEAY: Well, I just really
21 wanted to understand this income tax. That just
22 blew me away.

23 CHAIRPERSON UNTERMAN: Sure.

24 SENATOR SEAY: Can you walk me through
25 the premise of that and why it's in there?

1 REPRESENTATIVE SETZLER: Well, I
2 appreciate the question. I mean, if our law today
3 said -- just walk with you through a hypothetical.
4 If our law today said a child's born and doesn't
5 get status as a person for mom and dad's income
6 tax until the child is in kindergarten, for
7 example, we'd say, well, that's kind of weird. I
8 mean, it's a child. Why don't they get tax
9 status? What's the difference between a
10 four-year-old and a five-year-old?

11 I think this recognizes -- if we're
12 going to recognize the humanity of the child or
13 the unborn child, that we would recognize a child
14 that's 38 weeks inside their mother, and mom and
15 dad are certainly incurring costs. They're buying
16 paint for the nursery. They're buying things to
17 outfit the nursery in preparation for the child's
18 arrival.

19 In many cases, mom might be -- if she's
20 having a tough pregnancy, there might be bedrest.
21 Those kinds of costs. I think we recognize in our
22 medical system when mom and dad go to the doctor,
23 there's -- or mom and a baby go to the doctor,
24 there's two patients. And that's part of our
25 understanding.

1 So as we establish the personhood of
2 the unborn child, again, beginning at the point of
3 fetal heartbeat, it's only natural we would do
4 that.

5 SENATOR SEAY: So I guess from my
6 perspective, I look at seen and unseen, born and
7 unborn. Yet you're telling us that women -- we
8 know we're the only one that can give birth. So
9 when you start talking about taxes and now you've
10 got an expense but you've never seen it and who
11 can prove you're pregnant, I just don't get the
12 whole connection.

13 It's so much added to this bill. It's
14 mind-boggling. Because at the end of the day,
15 when you start talking about women and their
16 rights -- I tell people all the time I don't
17 advocate abortion, but that's your business, what
18 you do with your choice at the end of the day
19 because you've got to live with it, not you who
20 write bills.

21 REPRESENTATIVE SETZLER: Senator, I
22 would answer your -- I appreciate the question.
23 It's a good question.

24 I would answer it this way: I mean,
25 you think about -- Senator, when a mom goes to the

1 doctor, whether she's 9 weeks along, 15 weeks
2 along, 25 weeks along, 35 weeks along, mom's going
3 in because she and her baby need to get looked at.
4 The mom's getting medical care, and the baby's
5 getting medical care. We recognize that. Common
6 sense tells us that.

7 We could talk to our grandma and
8 grandpa and say, Grandma and Grandpa, what's
9 inside the woman? They'd say, there's a baby in
10 there. We recognize that. What we're recognizing
11 here is, is we're finally giving them a legal
12 status. Babies haven't been recognized as they
13 should have been for years and years and years.
14 We're doing it here.

15 We've got the ability to see what's
16 happening inside of there now. We can't run away
17 from it scientifically. If I showed a picture of
18 a child in the womb to a group of kindergartners
19 and said, what is this? They'd say, that's a
20 baby. We know it. It's common sense.

21 So what we're trying to do is align --
22 we recognize science. We recognize this by common
23 sense. We're trying to make sure our laws align
24 with that. And I would tell you, Senator -- I
25 mean, you and I have been down there a couple

1 years. There's been some tax exemptions we've
2 voted on that are probably a whole lot less worthy
3 than mom and dad having a tax exemption for having
4 a child on the way.

5 And I think this is a commonsense
6 recognition of what we know -- what we know in our
7 common sense, what we know biologically. And why
8 wouldn't we provide this to people? If you have a
9 single mom that's pregnant, why shouldn't she have
10 an extra tax exemption? She's having to make
11 extra doctor visits. Taking more time out of
12 work. I think it just naturally flows just like
13 the recognition if dad's contributed, that he
14 ought to be involved in helping cover those
15 healthcare costs.

16 SENATOR SEAY: And I'll just end with
17 this because I don't want to belabor it. It feels
18 like from a mother who has both a son and a
19 daughter, it's a vault. And what I mean by that
20 is you're adding some money. When you add the
21 money, it makes it better, and it doesn't for me.

22 REPRESENTATIVE SETZLER: And I
23 appreciate it. We're not buying people with this.
24 This is just -- it's a legal right. When we
25 recognize things legally, we want to be

1 consistent. That's all we're trying to do,
2 Senator.

3 SENATOR SEAY: Be consistent on the
4 unborn.

5 SENATOR JORDAN: Senator Jordan. I
6 just wanted to --

7 CHAIRPERSON UNTERMAN: In recognition
8 of all the people that are here -- we have a lot
9 of people outside that have children. We're going
10 to be here. And I will stay here, and I'm sure
11 Representatives Setzler will stay here.

12 So I'm going to go ahead and have
13 testimony from individuals. And we can stay here
14 afterwards, and we will stay here afterwards, and
15 get all the senators' questions; but let's go
16 ahead.

17 Do you know how many people you have to
18 testify?

19 REPRESENTATIVE SETZLER: I do. I'm
20 happy to have them wait. I'm glad --

21 CHAIRPERSON UNTERMAN: No. They're
22 ready. I just want to know how many there are.

23 REPRESENTATIVE SETZLER: Let me get my
24 list. Again, I'm happy to have the other side
25 testify. I can go get my folks, and they can come

1 in. And they can talk last if it please the
2 Chair.

3 CHAIRPERSON UNTERMAN: Okay. There's
4 10 to 12. So I'm going to give you three minutes
5 each. Three minutes each.

6 REPRESENTATIVE SETZLER: Can some have
7 more than others, Madam Chair?

8 CHAIRPERSON UNTERMAN: No.
9 Three minutes each.

10 REPRESENTATIVE SETZLER: Okay.

11 CHAIRPERSON UNTERMAN: And then we'll
12 start on the list that we have here. We
13 appreciate everyone waiting. And there may be
14 some confusion with people coming and going, but
15 if you'll just go ahead and sit down. And
16 Mr. Cook's going to bring the first group in.

17 REPRESENTATIVE SETZLER: Thank you,
18 Madam Chair.

19 CHAIRPERSON UNTERMAN: We appreciate
20 it. And if you would -- will you be able to stay
21 afterwards after --

22 REPRESENTATIVE SETZLER: I'm around.
23 I'll be the last one in the Capitol if you need me
24 to be, Madam Chair.

25 CHAIRPERSON UNTERMAN: Okay. Thank

1 you. Thank you. I think they saved your seat
2 right here.

3 (Whereupon off-the-record discussion
4 ensued.)

5 UNIDENTIFIED PERSON: Are they here?

6 CHAIRPERSON UNTERMAN: Senator Jordan,
7 go ahead and ask your question real quick while
8 we're waiting for these people.

9 Representative Setzler, answer her
10 question real quick.

11 Just two seconds. Is it an easy
12 question?

13 SENATOR JORDAN: Yes, it should be.

14 CHAIRPERSON UNTERMAN: Okay.

15 SENATOR JORDAN: Outside the context of
16 abortion, he was talking about liability and the
17 affirmative defense. First the affirmative
18 defenses, with respect to that, talk about
19 criminal prosecutions.

20 But there was an additional -- there
21 was additional language added to Section 19-7-1
22 that basically now extends wrongful death to every
23 unborn child who has had a detectable human
24 heartbeat.

25 So regardless of abortion or that

1 context, now we are opening the doors wide with
2 respect to lawsuits, civil suits, against
3 individuals and companies if it is perceived or a
4 woman believes that somehow that person or that
5 company may have caused her miscarriage.

6 REPRESENTATIVE SETZLER: I wouldn't
7 characterize it as opening the door wide, Madam
8 Chair. And to the Senator, right now --

9 CHAIRPERSON UNTERMAN: Go right over
10 there, please.

11 So your question is about companies,
12 wrongful death.

13 REPRESENTATIVE SETZLER: I appreciate
14 that, Senator.

15 Currently under Georgia law, this exact
16 structure exists except the threshold is about
17 15 weeks. We recognize that when a child is
18 quick -- and that's -- again, it goes back to
19 English common law. If a child is quick, the full
20 value of the life of the child is available in
21 recovery.

22 All this bill does is move that
23 threshold from around 15 or 16 weeks to the point
24 in which a fetal heartbeat is detectible. Whereas
25 depending on the instrument, as the lady said, it

1 could be 6 weeks. It could be 8 or 10 or
2 12 weeks. But that's what this does. It simply
3 moves the threshold. It doesn't change the
4 structure one bit.

5 CHAIRPERSON UNTERMAN: Okay. Sounds
6 like you've got that one down.

7 All right. So if you could step up to
8 the mic. And when you step up to the mic, state
9 your name and your address for the record. And
10 your total time is three minutes.

11 So if you'd just step up to the
12 microphone, the first person. Well, I think it's
13 the girl right there. You want to state your name
14 and address?

15 SARAH ROGERS: My name is Sarah Rogers,
16 and my address is 11 The Fairway, Woodstock,
17 Georgia 30188.

18 CHAIRPERSON UNTERMAN: We appreciate
19 you coming.

20 SARAH ROGERS: Thank you.

21 So first, I would say thank you for
22 taking the time to listen to me today. And I am
23 13 years old.

24 I understand that I am younger than
25 everyone here, but I believe that there can never

1 be enough people fighting for the lives of
2 innocent fetuses.

3 Throughout conception to death, life is
4 full of development. That development includes
5 developing fingers, going through puberty,
6 growing, and shrinking with old age. Why would it
7 be unjust to kill a 14-year-old but not a fetus?
8 They're both going through development. But if
9 the fetus is born, it would be inconveniencing the
10 mother's life.

11 Ellen Willis's "Putting Women Back into
12 the Abortion Debate" from 2005 is an argument that
13 supports women's rights and feminism in terms of
14 allowing all abortions to occur. She discusses
15 abortion with the perspective that women's rights
16 are the issue, not human life. This argument is
17 inaccurate. Abortion is almost completely about
18 the rights of every human being.

19 People who are for abortion need to
20 know a fertilized egg with a heartbeat is just as
21 important as somebody already living, and that an
22 unborn child cannot control its need for someone
23 to rely on for survival.

24 At conception, unique DNA is created
25 with 46 chromosomes. After the chromosomes are

1 brought together, there is no turning back. The
2 genetic code for human life has been created, and
3 every component that makes up human life is
4 present from that point on. A sperm and an egg
5 cannot continue to develop or live apart from each
6 other. When they're united, they're one being and
7 can only continue to develop.

8 Each woman also has this biological
9 composition of 46 chromosomes which shows that an
10 unborn child and a mother are human. If we are to
11 give concern to the human life of a woman, then we
12 must do the same for an unborn child.

13 Banning abortion is not a way of
14 forgetting about the significance of a woman's
15 life. Instead banning abortion is defending the
16 significance of a new life not yet able to defend
17 itself.

18 Thank you.

19 CHAIRPERSON UNTERMAN: Next?

20 DR. KATHI AULTMAN: My name is
21 Dr. Kathi Aultman, and my address is 1469 Winfred
22 Drive East, Orange Park, Florida.

23 I used to be an abortionist, but I am
24 in favor of this bill. I didn't used to think a
25 fetus was any different than a chicken really that

1 I used to dissect in college. But as I went
2 through my practice, I began to realize that these
3 were little human beings.

4 I've been an advocate for women my
5 entire career. I started the first -- co-started
6 the first rape treatment center in Jacksonville,
7 and I did rape treatment exams on women and
8 children. I not only learned how to do suction
9 D&Cs, but I went on to learn how to do D&E
10 procedures, which are the dismemberment
11 procedures, on my own. And I felt like I was
12 doing something really good for women. I even did
13 abortions when I was pregnant because I felt so
14 strongly about it.

15 The only time I had any qualms was when
16 I realized that I was doing abortions on babies
17 the same size as those I was trying to save in the
18 NICU. What made the difference was having a baby
19 and making that fetus/baby connection and suddenly
20 realizing that these were little people. And the
21 fact that the baby was no longer -- was not wanted
22 was no longer enough justification for me to kill
23 it.

24 Now, I still believed in abortion
25 rights, but that changed. As during in my

1 practice, I saw all these young girls who
2 supposedly this was going to ruin their life.
3 They were doing great. And then I was seeing all
4 of these other women come in who had had
5 abortions, and they were seeing psychiatrists and
6 having all kinds of problems.

7 What finally convinced me was when I
8 realized that these are human beings, and I was
9 killing them. And I had to -- I could no longer
10 justify it.

11 Women do have a choice. They can
12 choose to continue their pregnancy. They can
13 choose to have an illegal abortion and suffer
14 those consequences. They can choose to give the
15 baby up for adoption. But these little people
16 can't choose.

17 Just real quickly, in the other
18 hearing, one of the physicians said that these
19 were just a cluster of cells at this point. And
20 that's totally incorrect. This is a fully
21 functioning cardiovascular system.

22 Thank you.

23 CHAIRPERSON UNTERMAN: Thank you so
24 much. We appreciate you coming from Florida.
25 Thank you.

1 Next?

2 You don't have to -- we've got too many
3 people. Just say what city you're from. That
4 will be fine. We appreciate you coming.

5 RACHEL GUY: I'm from Marietta.

6 CHAIRPERSON UNTERMAN: What's your
7 name?

8 RACHEL GUY: Rachel Guy.

9 CHAIRPERSON UNTERMAN: Guy?

10 RACHEL GUY: Yes.

11 CHAIRPERSON UNTERMAN: And you're from
12 Marietta?

13 RACHEL GUY: Yes.

14 CHAIRPERSON UNTERMAN: Thank you for
15 coming.

16 RACHEL GUY: I would like to ask if
17 each of you could turn to pages -- or I'm sorry --
18 to lines 104 and 106. In these particular lines,
19 they speak on medically futile pregnancies, and I
20 am that medically futile pregnancy.

21 You see, when my mom had gone in for an
22 ultrasound at 22 weeks, a technician found
23 something concerning and went and grabbed a doctor
24 in the practice. This doctor came in frantically
25 telling my mother, you need to have an abortion.

1 Your child will die. You will die. And your
2 child is incompatible with life and must have a
3 chromosomal abnormality not compatible with life.

4 My mother said, we will not abort this
5 child. This child has value.

6 And this doctor said, come back in two
7 weeks.

8 So my mom came back in two weeks. And
9 the same scenario had occurred except at this
10 point, all my mom's amniotic fluid was missing.
11 And, again, as the physician persisted in saying,
12 you need to abort, you need to abort, you need to
13 abort, my parents said, we will not. Our child
14 has intrinsic value.

15 This doctor said, okay. Go talk to
16 another doctor in the practice.

17 This other doctor and my parents had a
18 conversation which was even more heartbreaking
19 than the first in the sense that the one doctor
20 was yelling at my mom to have an abortion, but
21 this doctor was calm and collective as if it was
22 normal to tell parents to kill their children.

23 And this physician proceeded to say,
24 well, you need to have an abortion. Your child
25 will be blind and deaf and have mental struggles.

1 My parents said, even if our child is
2 blind and is deaf and does have mental struggles,
3 our child has value. Our child's value is not
4 lost simply because they're sick.

5 The physician proceeded to say and
6 said, well, you'll have many other children.

7 My parents said, we want this child
8 because this child has value. My parents said, we
9 will not abort. As you know, what will you do to
10 help us?

11 This doctor said the chilling words, in
12 all my years of practice, every single parent that
13 I've told to abort has. So all I can tell you to
14 do is to go home, wait for your baby to die, and
15 you will deliver a stillborn child.

16 My parents went home brokenhearted for
17 these precious children that were never given the
18 chance of continuation of life, to be fought for.
19 They were broken over these precious doctors who
20 truly believed that killing -- that the preemptive
21 killing of life was somehow helping women, helping
22 these children.

23 And the Lord provided three doctors who
24 fought for my life. They fought for my life
25 because they knew that my value had not been lost

1 because I was sick.

2 And in this journey, they called my
3 Grammy and asked her to pray. They said, please
4 pray.

5 My Grammy asked, is there a heartbeat?
6 They said, yes.

7 She said, if there's a heartbeat, there
8 is hope.

9 And I was born at 1 pound, 2 ounces,
10 and I was in the NICU for five-and-a-half months.

11 My heart is to be a voice for these
12 so-called medically futile pregnancies to show the
13 humanity, to show the face of these precious
14 children because we all deserve the right to life.
15 We all deserve the continuation of life. And --

16 CHAIRPERSON UNTERMAN: I think that's
17 it. That's your time.

18 RACHEL GUY: Okay. Thank you.

19 CHAIRPERSON UNTERMAN: We appreciate
20 you coming.

21 RACHEL GUY: Thank you.

22 CHAIRPERSON UNTERMAN: Thank you very
23 much.

24 Okay. Next?

25 CATHERINE DAVIS: Good afternoon,

1 Senators. My name is Catherine Davis. I live in
2 Stone Mountain, Georgia.

3 There have been three separate
4 occasions that our government has stripped away
5 the rights of a class of people. The first time
6 was in the Dred Scott decision when they told Dred
7 Scott he was property. The second time was in
8 Plessy versus Ferguson. And the third time was in
9 Roe v. Wade. An entire class of human beings was
10 stripped of protection under our law, under our
11 Fourteenth Amendment. And yet we stand today
12 still trying to bring to life or keep alive a
13 procedure that takes the lives of so many.

14 But this bill really isn't a fight for
15 abortion because abortion is legal in our state
16 right now. It's legal in the nation. But it is a
17 fight to protect the most vulnerable among us, and
18 that is the child in the uterus.

19 Even the Supreme Court of the
20 United States in Carhart -- I'm sorry -- Gonzalez
21 v. Carhart said that as a matter of fact, that a
22 living fetus is recognized from the time of a
23 detectable heartbeat. That's what makes us human.
24 That's what makes us alive.

25 And Georgia has a compelling interest

1 to protect the most vulnerable among us the same
2 way this nation came back and protected black
3 people during slavery by passing the Thirteenth
4 and Fourteenth Amendment and by protecting Dred
5 Scott and others with the passage of the Civil
6 Rights Act of 1964 and the Voting Rights Act of
7 1965. This is no different in my mind.

8 And I want to urge you-all to take a
9 stand for the human beings that are in the wombs
10 of the mother. A woman, if she wants an abortion,
11 just has to make that choice sooner, not later.

12 Thank you very much.

13 CHAIRPERSON UNTERMAN: Thank you.

14 Next?

15 JODY DUFFY: Good afternoon, Senators.
16 My name is Jody Duffy. I am the director of Post
17 Abortion Treatment and Healing. Too often --

18 CHAIRPERSON UNTERMAN: Where do you
19 live?

20 JODY DUFFY: I'm sorry. I currently
21 live in Peachtree City, Georgia.

22 CHAIRPERSON UNTERMAN: Okay.

23 JODY DUFFY: -- the ones that are often
24 left out of this equation are those of us who have
25 had abortions. The women who are hurt by

1 abortion. I was just shy of my 22nd birthday, a
2 second lieutenant in the Army, and I was raped by
3 another soldier. That happened here at a base in
4 Georgia. I was pressured to have an abortion
5 because of my mission, because of my duty. And so
6 I did.

7 I went on and struggled. I struggled
8 with my duties as an officer. I struggled with my
9 mission because, you see, the pain and the grief
10 was so propound that all I could do was think
11 about that horrific day on that table and that
12 abortion.

13 You see, the trauma of that rape was
14 just expounded by the trauma of that abortion.
15 That baby that I was carrying, just because that
16 baby was conceived in rape, did not deserve to
17 die. And I did not deserve to go through that
18 humiliating pain and the humiliation of that
19 abortion.

20 So over the last 19 years, I have
21 worked just in the Atlanta area with hundreds of
22 women who have had abortions in the past. We deal
23 with their pain and their grief because too often
24 these women hold this in for years and years
25 before they come forward. They find that there is

1 a program out there that can help them with
2 healing.

3 Too often these women have suffered
4 from drug abuse, alcohol abuse. They're trying to
5 numb the pain of their abortion experience. I was
6 there. I understand that.

7 Often women come forward as they're
8 going through the healing process and say, you
9 know, I just didn't have the money at the time. I
10 was a single mom.

11 Well, there's an article in this bill,
12 Article No. 5, that talks about support for that
13 woman from the father of that child, for support
14 with medical expenses and pregnancy expenses.

15 So I do encourage you to pass this bill
16 because the provision for this support is very,
17 very important. We're not leaving that woman to
18 hang out dry without any support.

19 And thank you very much for hearing me.

20 CHAIRPERSON UNTERMAN: Thank you.

21 Okay. Next?

22 JESSICA DANIEL: Thank you, Senators.
23 My name is Jessica Daniel. I'm from Alpharetta,
24 Georgia.

25 I am here today to represent the 99

1 percent. We often talk about the 1 percent, the
2 abortion, the anomalies. I am here to talk about
3 the 99 percent.

4 22 years ago I was at the culinary
5 Institute of America, the best culinary school in
6 this country. I worked very hard to get there and
7 found out about five weeks in that I was pregnant
8 by my boyfriend who was in New Jersey.

9 I want to speak today and state that
10 humanity supersedes choice. I made the choice to
11 have my son Isaac 21 years ago. He is a living,
12 breathing testimony to what humanity is. He
13 serves today by going overseas on missions. He is
14 an amazing testimony that humanity, again,
15 supersedes choice.

16 And I urge you to support this bill.

17 Thank you.

18 CHAIRPERSON UNTERMAN: Thank you.

19 VIRGINIA GALLOWAY: Good afternoon.

20 I'm Virginia Galloway. I'm with Faith and Freedom
21 Coalition, but I'm also speaking from a very
22 personal point of view this afternoon. And I live
23 in Hiram, Georgia, by the way, if you need my
24 city.

25 So long ago right after the depression,

1 a young lady was born in a small town in
2 South Carolina. She was the only child of her
3 parents. And one of her parents was quite old to
4 be a parent for the first time, in his 40s.

5 And when she was seven years old, she
6 got polio. And the polio almost killed her. They
7 didn't know what it was at first. It twisted her
8 back so horrendously that to this day, it's shaped
9 like an S, her backbone.

10 They told her -- she got married. She
11 grew up. She got married. They told her she
12 could never have children. When she got pregnant,
13 they told her, you can't carry this baby. You
14 cannot have any children. They would have so many
15 problems.

16 And so she didn't listen to the
17 doctors. She believed that God had a purpose for
18 that child, and that was my oldest brother. I'm
19 number three. I have a baby sister who's number
20 four. And she had four children. She has about
21 20 grandchildren, a bunch of great grandchildren
22 now. I can't even count them anymore. And it
23 worked out. Not easy for her, but she always knew
24 that she did the right thing.

25 Both her story and other people that

1 I've met along my path in life led me to volunteer
2 at a crisis pregnancy center for about ten years.
3 And so I got to talk to a lot of women who were
4 really struggling with difficult situations and
5 decisions. And so I do have a heart of compassion
6 for anyone who is struggling with this issue. I
7 mean, it's tough. I mean, it's not easy. I cried
8 with those people. I still cry with those people.

9 But I will tell you one thing. In all
10 the years that I did that, I had so many women
11 call back and say, thank God I got to talk to you.
12 And I kept my baby, and now I have this beautiful
13 baby or these beautiful babies or -- you know.
14 And it was just -- it was amazing.

15 And I will tell you something else.
16 Never once did I have anyone come back and say,
17 oh, I got an abortion. I'm so glad I did. No. I
18 talked to many broken women who did get abortions.
19 And they came back, and it was just destroying
20 their lives. So very tragic. It's tough, but
21 we've got to do the right thing. You know, a
22 child is a child whether it's in the womb or
23 outside of the womb, and we've got to have respect
24 for life.

25 So I would urge passage of this bill,

1 and thank you so much for your time.

2 CHAIRPERSON UNTERMAN: Thank you.

3 Next?

4 COLE MUZIO: Hey. I'm Cole Muzio with
5 Family Policy Alliance of Georgia. I'm from the
6 great city of Dacula, Georgia.

7 CHAIRPERSON UNTERMAN: How do you spell
8 your name? Cole?

9 COLE MUZIO: Cole, C-o-l-e. Last name
10 Muzio, M-u-z-i-o.

11 CHAIRPERSON UNTERMAN: Thank you.
12 You're from Dacula?

13 COLE MUZIO: From Dacula, yep.

14 CHAIRPERSON UNTERMAN: Okay. Thank
15 you.

16 COLE MUZIO: Before I came in the room,
17 I was blessed to have the opportunity to talk to
18 one of the bravest women I know, and I've seen her
19 be brave throughout my life as she's battled
20 numerous medical issues. I told her thank you for
21 the bravest moment that I never got to witness.

22 In the summer of 1988, I was eight
23 weeks old being carried. And my mom was dealing
24 with medical health issues. She was 26 years old.
25 And I can't imagine what she was going through

1 dealing with things that, you know, most people
2 don't have to deal with. And she was --

3 I'm sorry. I don't normally get
4 emotional. I don't cry. But she was told she
5 needed to abort me and deal with herself. Take
6 care of her medical issues. Put those first.
7 Manage her pregnancy. She was young enough. She
8 could move on. She could have other kids. And my
9 brave mom chose life. And I don't know that I'm
10 the best person and that people have been touched
11 by meeting me or anything like that, but I am so
12 grateful for my mom.

13 I've also had the opportunity to listen
14 to my three baby boys, to hear their heartbeats.
15 And we don't talk about how precious that sound
16 and that moment is enough. If you've heard it, it
17 is like the thundering sound of horses on a
18 concrete road. It is a powerful sound. And as
19 you hear those babies and as you see them on an
20 ultrasound, there is no denying that that is a
21 life.

22 And so today I'm speaking on behalf of
23 an organization that has certain beliefs, and we
24 hold those strongly. I'm here today to speak as a
25 father of three boys. I'm here today to speak as

1 a son of a mom who chose life. But I'm here today
2 to speak to the thousands and the millions of
3 heartbeats that will be heard in the coming years
4 and in the coming decades and asking you in this
5 moment to choose life.

6 Again, if you've heard it, the sound is
7 undeniable. If you've seen it, the sight is
8 undeniable. These are babies, and they're worth
9 protecting.

10 Thank you.

11 EMILY MATSON: Good afternoon. My name
12 is Emily Matson. I'm an attorney in Rome,
13 Georgia. I'm 38 years old, and I'm grateful to
14 say that I'm a mom. I have three children of my
15 own: ages eight, five and three.

16 And Representative Setzler has let me
17 look through this bill, and I have a fair amount
18 of experience. I'm a civil litigator. So when
19 you're concerned about what's going to happen to
20 this bill from a legal standpoint in the courts,
21 I'm your woman to talk about it.

22 Let me just say this: There's a lot of
23 people present here today with this very pressing
24 question about the constitutionality of laws.
25 When you have one side that says, we think that

1 these unborn children should have rights and you
2 have another side that says, well, we think that
3 women's rights to be free from this pregnancy
4 should trump that right, what's very unfair about
5 this discussion is that there is an entire group
6 of human beings who are not here to talk about
7 their rights.

8 Last year -- I mean, last statistics we
9 have for the state of Georgia in 2017, there were
10 27,000 children aborted in our state. Not one of
11 those children is given a chance to come in here
12 and share how they feel about the law that
13 protects my rights and all of you women's rights
14 to terminate their life.

15 The US federal courts and United States
16 Supreme Court has recognized the right of a woman
17 to choose. It's a very important right. We all
18 want that right. But the court, for those of you
19 who want to know, has also said that a state does
20 have a substantial state interest in potential
21 life throughout pregnancy.

22 So the right that Roe versus Wade
23 created was not absolute. And, in fact, the case
24 law -- I'm just going to run through this really
25 quickly. Roe versus Wade prohibited the states

1 from restricting and set up the two-trimester
2 system and evaluation. And Planned Parenthood
3 versus Casey said, wait. Maybe trimester isn't
4 good. Let's look at viability of the fetus.

5 And then in Gonzalez versus Carhart,
6 which is where the federal law prohibiting partial
7 birth abortion was tested, the state finally --
8 the federal -- the United State Supreme Court
9 said, you know, we're not going to necessarily
10 affirm all of the findings in Roe versus Wade.
11 We're going to basically assume them.

12 And Justice Ginsburg wrote a scathing
13 criticism of that and basically recognized that in
14 Gonzales versus Carhart, the court was saying,
15 this sand that Roe versus Wade was built on is not
16 quite so strong anymore.

17 Here are the differences in the Eighth
18 Circuit recently in affirming an injunction
19 against a heartbeat bill. I cite it. The Eighth
20 Federal District said, Supreme Court, we need help
21 with this. You have to help us. This must change
22 because now we're on shifting sand. The facts
23 have changed. Roe versus Wade assumed a decision
24 was made in consultation with a woman's private
25 physician.

1 I took a deposition of an abortion
2 doctor last summer. He commits -- or he performs
3 7,000 abortions a year. That's 26 abortions a
4 day. I have a client now who had an abortion here
5 in Atlanta. Her physician was with her for seven
6 minutes during her abortion procedure. This
7 decision for this abortion is not in consultation
8 with a private physician. We have evidence of
9 mental and emotional effects on women.

10 And ladies -- the two ladies that were
11 behind Roe versus Wade -- I represented Sandra
12 Cano, one of those ladies, in a guardianship over
13 her grandson -- both retracted their positions.

14 Science, as we know, is rolling back
15 the rule of viability over and over and over and
16 over. The law that you're scared of is on
17 shifting sand. And it's states like Georgia and
18 its representatives like with the boldness of Ed
19 Setzler who see that that's right, and they're
20 doing what's right.

21 And just as an attorney --

22 CHAIRPERSON UNTERMAN: Time's up.

23 EMILY MATSON: -- I would ask that you
24 vote yes on this bill as it is drafted.

25 CHAIRPERSON UNTERMAN: Thank you.

1 Okay. Next?

2 MIKE GRIFFIN: Thank you, Madam Chair
3 and the Committee for the opportunity to share
4 with you. My name is Mike Griffin. I am the
5 public affairs representative for the Georgia
6 Baptist Mission Board. I live in Hartwell,
7 Georgia. And thank you for this opportunity
8 today.

9 Georgia Baptist represent over 3,500
10 churches in our state. We represent 1.4 million
11 Georgians. And we consider it an honor to be here
12 today to speak in favor of this legislation that
13 Representative Setzler is bringing before you.

14 I'm reminded that Ronald Reagan said it
15 best when he said it this way: He said, we cannot
16 diminish the value of one category of human life,
17 the unborn, without diminishing the value of all
18 human life.

19 I really believe the reason today our
20 conscience has been stirred in our nation because
21 of what has happened in New York and in Virginia
22 is because of the diminishing of the value of
23 human life inside the womb has now moved to the
24 outside of the womb. In other words, one of the
25 ways to restore the value of life on the outside

1 of the womb is to go back and to begin to protect
2 human life on the inside of the womb.

3 I really believe that our governor is
4 doing that. I believe his stance on this is
5 important because he wants to see Georgia restore
6 that value of human life on the outside. You do
7 that by going into the inside.

8 I'm reminded of what our president --
9 current president said just recently. He said,
10 let us work together to build a culture that
11 cherishes innocent life. Let us reaffirm a
12 fundamental truth: All children born and unborn
13 are made in the holy image of God.

14 That's where we stand. That's what the
15 word of God teaches, and Georgia Baptists stand on
16 that principle. And we would encourage your
17 favorable support of this legislation.

18 Thank you very much.

19 CHAIRPERSON UNTERMAN: Thank you.

20 Next.

21 JOSHUA EDMONDS: Madam Chair, thank you
22 so much for holding this hearing today. My name
23 is Joshua Edmonds. I represent Georgia Life
24 Alliance. We are the state affiliate to National
25 Right to Life here in Georgia.

1 I want to thank you so much for taking
2 the time to hear this bill. Thank you for the due
3 diligence of allowing both sides equal opportunity
4 to share their voices, share their opinions, and
5 to hear the stories of men and women around our
6 state who are passionate about this issue.

7 This is not an easy issue for us to
8 deliberate, and we don't make light of it, and we
9 don't mitigate it down to bumper-sticker slogans
10 and rhetoric in these halls. These are hallowed
11 halls. And I thank you for giving it the time
12 that it so deserves.

13 I want to speak to you on behalf of
14 people who couldn't be here today, people like
15 Heather Hobbs who has a story of harrowing courage
16 in the face of purpuric endo (as said) diagnosis
17 and pregnancy via rape. I want to speak to you on
18 behalf of women who have been told time and time
19 again, the choice for you is whether or not you
20 want to have a burial for your child or not, not
21 whether you have want to have a birth.

22 I want to speak to you on behalf of the
23 pastors I have heard from across this state who
24 are passionate about reflecting a respect for the
25 sanctity of life in our communities and in these

1 halls of the legislature and on behalf of the
2 thousands of Georgians in the state of Georgia who
3 recognize that we must do more to protect the
4 innocent and the vulnerable and the oppressed
5 whether it is preventing the mistreatment of
6 children who are disabled in medical situations or
7 of pregnant women who are in crisis or of innocent
8 children in the womb.

9 And I join my voice with theirs to call
10 on you, our lawmakers, to stand together to do
11 what's right and to stand aside from partisan
12 rhetoric, to defend those who are innocent and
13 those who are oppressed, to defend the sanctity of
14 human life, and please to vote yes on HB 481.

15 Thank you.

16 JANE ROBBINS: Good afternoon, Madam
17 Chairman. My name is Jane Robbins. I am with
18 Concerned Women for America. I live in Tucker.
19 I'm an attorney, and I wanted just to build on the
20 very good presentation Ms. -- -

21 CHAIRPERSON UNTERMAN: I'm sorry. I
22 didn't get your name. What's your name again?

23 JANE ROBBINS: Jane Robbins,
24 R-o-b-b-i-n-s.

25 CHAIRPERSON UNTERMAN: You're from

1 Tucker?

2 JANE ROBBINS: From Tucker, yes, ma'am.

3 CHAIRPERSON UNTERMAN: Okay. Thanks.

4 JANE ROBBINS: I wanted to build on
5 Ms. Matson's presentation about some people just
6 assume that, well, this bill is going to be
7 unconstitutional. It's going to be struck down.
8 So why bother? And I don't think that's
9 necessarily the case. It is certainly true that
10 big abortion will file a lawsuit. They file
11 lawsuits against all pro-life legislation. They
12 have plenty of money to do it, a great deal of
13 which comes from the federal taxpayer.

14 But there are multiple reasons to
15 conclude that HB 481 is constitutional and could
16 lead the Eleventh Circuit Court of Appeals and the
17 US Supreme Court to that conclusion as well. As
18 Ms. Matson mentioned, the Supreme Court has said
19 that there's a compelling interest for the State
20 to protect unborn life. The Eighth Circuit
21 actually goes a little further than that. They
22 say it's a profound interest.

23 We know that medical science is so far
24 advanced now above what it was during the time of
25 Roe versus Wade, Doe versus Bolton, and the Casey

1 decision. And it's because of these changes in
2 our scientific knowledge is one of the reasons
3 that it is constitutionally appropriate for issues
4 of unborn life to be decided by the elected
5 representatives of the people and not to be given
6 to a court. In fact, the Eighth Circuit said to
7 substitute the court's own preference to that of
8 the legislature is not the proper role of the
9 court.

10 Now, removing this decision from the
11 legislature gets us into a position where we are
12 now with Roe versus Wade. We're still living with
13 horribly outdated science, and it is controlling
14 what all of our laws are in this area. And this
15 is something that we should not be satisfied with
16 or should not accept.

17 And we now know that the facts of Roe
18 versus Wade and Doe versus Bolton are so different
19 from what the court knew at the time. Ms. Matson
20 talked about the plaintiffs there who were
21 manipulated, if not tricked, into doing this, and
22 they became pro-life activists for the rest of
23 their lives. We know now that women don't have
24 their genial family doctor working with them on
25 this. They generally will go to an abortionist

1 who they've never seen before and will never see
2 again.

3 We know that pimps and traffickers rely
4 on early abortion to keep their businesses
5 running. We know that the abortion industry
6 targets minority women such that in New York City
7 now, there are more African-American babies
8 aborted than born. They didn't know that then.
9 The court does know that now, and I think that
10 could make a difference.

11 So finally, I would ask you to please
12 consider state sovereignty and federalism. As
13 Abraham Lincoln said, the founders never intended
14 that all of the important policies of our lives
15 would be determined by nine men and women in robes
16 who are unelected. The founders thought our
17 legislators would do this, and this is your chance
18 to reassert the sovereignty and the autonomy of
19 the great state of Georgia to tell the courts that
20 this is our role. This is not yours. So I hope
21 that you will be bold and vote in favor of 481.

22 Thank you.

23 CHAIRPERSON UNTERMAN: Thank you.

24 DR. KATHLEEN RAVIELE: Madam Chairman,
25 Members of the Committee, I'm Dr. Kathleen

1 Raviele. I'm an obstetrician/gynecologist here in
2 the Tucker area. And I am here in favor of this
3 bill.

4 I began my training in ob-gyn in 1974,
5 Case Western Reserve University Hospitals of
6 Cleveland. At that time, ultrasound was not
7 available in labor and delivery or in the clinics
8 or in doctors' offices. It was in the radiology
9 department. So for the first four years of my
10 training, I supported women having abortions. I
11 was performing abortions.

12 And then as a chief resident after
13 having my first baby, I did a rotation in
14 radiology in ultrasound. And for the first time,
15 I saw babies' hearts beating, babies moving. And
16 I realized these were babies just like my baby at
17 home, and I had a change of heart.

18 I'd worked for the crisis pregnancy
19 center for ten years. Women come to these centers
20 looking for help. Society, the father of the
21 child, or their family is telling them, it's okay
22 to have an abortion. But they want support, and
23 they want a reason to have the baby.

24 Over half of women having abortions are
25 minorities. We'd made it so easy in this country

1 to have an abortion. I've also helped many women
2 stop the process of an RU-486 abortion. The first
3 patient I helped came back to thank me after she
4 delivered with her beautiful baby girl. They were
5 wearing matching hair bands. She said she didn't
6 know what she was thinking. She went for the
7 abortion on impulse, but she could not imagine her
8 life now without her baby girl.

9 A woman came to me, and I saw from her
10 history she'd had an abortion 16 years earlier. I
11 asked her if she'd had any regrets. She started
12 crying and said she thought about it every day,
13 and that she and a coworker would meet at the
14 water cooler at work to talk what their children
15 might have been. I referred her and her friend to
16 a postabortion support group. Women do not think
17 every day about their appendectomies. True
18 compassion is helping couples get through
19 difficult pregnancies.

20 Medical futility means you have reached
21 a point in aggressive treatment when it will no
22 longer improve the life of the person, and you
23 then provide support of care only. It doesn't
24 mean you kill the patient. It is not an in-utero
25 diagnosis.

1 Today because of fear of wrongful life
2 suits, OBs pressure women carrying a child with a
3 disability to abort. I've helped several women
4 find an OB who will respect them and care for them
5 so they can have their babies.

6 Even children with trisomies deserve
7 care for the best quality of life. Downs syndrome
8 children with cardiac anomalies have all the
9 surgery and treatments necessary for a good
10 quality of life. Children with trisomy 13 and 18
11 are much more likely to die with surgery, but half
12 of those parents decide to take the risk and have
13 surgery. Remember any of us could become disabled
14 through an accident or illness.

15 Not all women who have been sexually
16 assaulted choose an abortion. One woman told me
17 that when she looked at her sweet nine-year-old
18 son conceived in a rape, she didn't see his
19 father. She saw herself.

20 Human life from conception through all
21 the development in utero, childhood, adolescence;
22 even adolescence, adulthood, and old age, all
23 human life is sacred. So I would urge you to
24 approve this bill without any further amendments,
25 and let's be joyful about in-utero life.

1 Thank you.

2 CHAIRPERSON UNTERMAN: Is there anyone
3 else?

4 I think I'm going to start on this
5 list. Is Mayreli Jimenez here?

6 (No audible response.)

7 Let's take a break. I think everyone
8 is tired. It's about 10 after 5:00. We'll come
9 back at 5:20.

10 Is that okay with the committee?

11 SENATOR LIGON: That's fine.

12 CHAIRPERSON UNTERMAN: Okay. We'll
13 come back at 5:20. Let's take a break.

14 (Proceedings in recess, 5:10 p.m.)

15 CHAIRPERSON UNTERMAN: So we're going
16 to start back up. We still have a few more on the
17 people that are in favor of House Bill 481. So
18 I'm going to call these names up. I believe the
19 doorkeepers have the same sheet. And if they
20 could let the people know if they're outside, and
21 then we'll start on the next sheets.

22 So with that --

23 SENATOR SEAY: May I ask a question?

24 CHAIRPERSON UNTERMAN: Yes. Yes,
25 ma'am.

1 SENATOR SEAY: Just for my edification,
2 I thought we are doing an hour in favor and an
3 hour opposed?

4 CHAIRPERSON UNTERMAN: We are.

5 SENATOR SEAY: Oh, we didn't get to an
6 hour yet? Are you kidding me?

7 CHAIRPERSON UNTERMAN: We're at
8 38 minutes. We're clocking it.

9 SENATOR SEAY: Shut the back door.

10 CHAIRPERSON UNTERMAN: We're clocking.
11 I mean, we've got an official timekeeper here.

12 And let me say while we're bringing
13 that up, thank you to our staff. I think they
14 need a round of applause. And it's not just the
15 ones that are sitting here. There's a lot of
16 people watching on the screen that are behind the
17 scenes. Mr. Cook's office has been phenomenal.
18 The Lieutenant Governor's Office has been
19 phenomenal.

20 And we have a long ways to go. So
21 let's get through this list. And let's see.
22 We're on Mayreli Jimenez. Is she here? Is she in
23 the hallway? Mayreli?

24 (No audible response.)

25 Okay. I'm not going to mark her off.

1 If she's out in the hall, she can come forward.

2 And I'm sorry if I pronounce names
3 wrong. I have a hard name to pronounce too. So I
4 understand what it's like not to say it right.

5 David Guldenschuh? David Guldenschuh,
6 if you're out in the hall, if you want to come in.
7 Are those two people here?

8 UNIDENTIFIED PERSON: He's checking.

9 CHAIRPERSON UNTERMAN: Okay. We'll
10 wait just a second to see if they're here. That's
11 Mayreli and David.

12 We appreciate all our visitors here
13 today. House Members and Senate Members, we
14 appreciate y'all coming and staying with us.

15 Is Mayreli and David not here?

16 UNIDENTIFIED PERSON: They haven't
17 located them yet.

18 CHAIRPERSON UNTERMAN: Okay. Let the
19 record reflect that they are on the list, and they
20 are in favor, but they're not here right now. If
21 they do come back, we'll let them testify.

22 So I believe there was some people that
23 have some town hall meetings. So we will start
24 with the opposition to House Bill 481.

25 And I believe that, Representative, you

1 asked me -- you said you had a town hall. If you
2 want to go ahead and step up to the podium and
3 state your name and your district. We're glad to
4 have you here and glad for you to stay the whole
5 meeting.

6 REPRESENTATIVE KENNARD: Madam Chair
7 and Members of the Committee, I am Representative
8 Gregg Kennard of District 102 which is
9 Lawrenceville and Suwanee. I'm also your
10 constituent, Madam Chair.

11 I just wanted to say that the faith of
12 Christianity is not monolithic. I identify as a
13 born-again Christian. I am an ordained Christian
14 minister. I declare that Jesus is Lord, and I
15 oppose Bill 481. There many other members of the
16 Christian clergy and followers of Christ who all
17 over this country share the same view and oppose
18 similar legislation.

19 The Bible teaches free will and freedom
20 of choice. I am personally pro-life. I am an
21 adoptive parent along with my wife. And I am
22 thankful to live in a society that respects and
23 protects my choice to be so and simultaneously
24 respects and protects the reproductive choices of
25 others.

1 HB 481, if passed, would infringe on
2 these constitutional personal liberties. There
3 are many ways for people of faith and specifically
4 the Christian faith to process this issue and for
5 it to be consistent with their personal, spiritual
6 beliefs. The Constitution protects all these
7 layers of our personal liberties.

8 Thank you.

9 CHAIRPERSON UNTERMAN: Thank you very
10 much.

11 Okay. So I believe --

12 Yes, ma'am? Representative -- I
13 mean --

14 SENATOR SEAY: Representative Dollar is
15 one of my delegates and members, that he said he
16 did sign up somewhere, but I didn't --

17 UNIDENTIFIED PERSON: He signed up for
18 the --

19 SENATOR SEAY: I just know that
20 (inaudible).

21 CHAIRPERSON UNTERMAN: Oh, you did?

22 SENATOR SEAY: Yes.

23 UNIDENTIFIED PERSON: So that's that
24 one in the crowd I never got back.

25 CHAIRPERSON UNTERMAN: Okay. Then

1 evidently there was a list in the crowd that never
2 got back to us. Could I ask the doorkeepers to
3 check on that?

4 SENATOR SEAY: I just know he's one of
5 my -- he was here before I came in, and he was
6 (inaudible).

7 CHAIRPERSON UNTERMAN: I appreciate it.
8 I didn't know.

9 Is there anyone else who did sign up on
10 another sheet?

11 UNIDENTIFIED PERSON: There's a lady
12 right there.

13 CHAIRPERSON UNTERMAN: You signed up on
14 another sheet?

15 UNIDENTIFIED PERSON: I did.

16 CHAIRPERSON UNTERMAN: Does anyone know
17 where that sheet is? Has anybody seen a sheet
18 floating around?

19 There it is. Okay. Thank you.

20 (Whereupon off-the-record discussion
21 ensued.)

22 CHAIRPERSON UNTERMAN: These are people
23 that are in favor. That was the opposed.

24 Are those in favor?

25 UNIDENTIFIED PERSON: One's in favor,

1 and one's opposed.

2 CHAIRPERSON UNTERMAN: Okay. So we had
3 38 minutes on the favor. So we'll pick that up
4 and go back to the favor.

5 Okay. Josh Bonner, State
6 Representative? I'm sorry, Representative. I'm
7 glad you spoke up.

8 REPRESENTATIVE BONNER: No. Thank you,
9 Madam Chair. And I'll keep my comments brief.

10 Representative Josh Bonner. I
11 represent District 72.

12 And as a cosponsor of House Bill 481,
13 I'm here to speak in strong support of the
14 committee substitute. I don't presume to be able
15 to speak with the same level of knowledge that
16 Chairman Setzler presented or with the same depth
17 of emotion as some of our other presenters, but I
18 do share the same passion and frankly the same
19 sense of duty to do the one thing that in our
20 Constitution it lays out as the thing that we're
21 supposed to do.

22 In Section I, Paragraph II of the
23 Georgia Constitution, it says, "Protection to
24 person and property is the paramount duty of
25 government and shall be impartial and complete."

1 Paramount being defined as more important than
2 anything else and supreme.

3 And so I would urge my colleagues in
4 the Senate to pass the bill as amended so that we
5 can do that one thing that is more important than
6 any other thing that we do here, and that is to
7 protect life.

8 We debate and vote on a lot of
9 different kinds of bills. Today in the House, we
10 voted on a license plate for a soccer team, which
11 is great. But what we have the opportunity to do
12 here today is to move forward a piece of
13 legislation that does the most important thing
14 that we can do as a legislature, and that is to
15 protect life.

16 I thank you, and I appreciate your
17 favorable support of House Bill 481.

18 CHAIRPERSON UNTERMAN: Thank you.
19 Thank you very much.

20 Okay. I believe that I found the
21 missing sheet. And Kimberly Hauschstader --

22 KIMBERLY HAUSCHSTADER: Hauschstader.

23 CHAIRPERSON UNTERMAN: Hauschstader.
24 We're glad to have you. Thank you very much.

25 KIMBERLY HAUSCHSTADER: Madam Chairman,

1 I thank you for the opportunity to speak today.

2 This is actually the very first time that I have
3 ever come down to the Capitol building.

4 CHAIRPERSON UNTERMAN: We're glad to
5 have you.

6 KIMBERLY HAUSCHSTADER: And I am --

7 CHAIRPERSON UNTERMAN: Where are you
8 from?

9 MS. HAUSCHSTADER: I am from Jasper,
10 Georgia, up in the mountains.

11 CHAIRPERSON UNTERMAN: Good. You've
12 got a long drive.

13 MS. HAUSCHSTADER: Yeah. I've been
14 involved with things politically, but I'm here
15 today just to speak as a citizen.

16 CHAIRPERSON UNTERMAN: Thank you for
17 coming.

18 MS. HAUSCHSTADER: In 1979 -- actually,
19 from '77 to 1979, I was in high school. During
20 those years -- the culture back then became a real
21 intense drug culture. And one of the things that
22 I recall from that period of time that has never
23 ever left me was the girls who had gotten pregnant
24 and who were walking down the halls from locking
25 their locker trying to collect money so that they

1 could have an abortion. I don't know why that
2 stuck in my head, but it always did.

3 I remember my heart just kind of -- you
4 know, just a little tinge in my heart. And I
5 remember what I --

6 Shortly thereafter, I was invited to go
7 with a bunch of girlfriends down to a Planned
8 Parenthood clinic because we were all thinking
9 about having sex, and we were told that they were
10 going to educate us.

11 And so when I got to that clinic, what
12 they told me was that if I wanted to have sex,
13 that I could take birth control pills, and that I
14 wouldn't get pregnant. What they told me right
15 after that was, however, if you do get pregnant,
16 you can come back here, and we will counsel you on
17 how to have an abortion.

18 Thankfully, I had a relationship with
19 my mom at that time that I could go home, and I
20 could speak with her about it. And I decided to
21 follow my parents' advice instead.

22 The reason I'm sharing that with you
23 today is because it's in my belief and it's been
24 my experience since 1996 when I became a counselor
25 that I have counseled with hundreds and hundreds

1 of women who when they were young made the
2 decision to have an abortion and didn't have a
3 clue what they were actually doing.

4 And we've heard it testified today, you
5 know, that a lot of times it's not until somebody
6 has a baby that they actually recognize what
7 transpires. You know, for years and years, I was
8 pro-choice. But as I started to counsel with
9 these women and as I started to see more and more
10 of the devastation in the lives of the people who
11 made the decision really not being educated as to
12 what they were doing or why they were doing it and
13 their lives have been ruined over it -- thank
14 you -- their lives have been ruined over it, my
15 heart changed.

16 And so I'm here today just to share my
17 experience, strength, and hope in that and to ask
18 each of you to support this bill.

19 CHAIRPERSON UNTERMAN: Thank you.
20 Thanks for driving from Jasper. Beautiful
21 country.

22 MS. HAUSCHSTADER: It is.

23 CHAIRPERSON UNTERMAN: Okay. I think
24 that wraps up the favor. How many minutes total
25 did they have?

1 UNIDENTIFIED PERSON: 45.

2 CHAIRPERSON UNTERMAN: 45 minutes.

3 Okay.

4 Okay. So we'll pick back up. Let's
5 see. I believe I had someone else who
6 requested -- John Walraven? John Walraven?

7 (Whereupon off-the-record discussion
8 ensued.)

9 CHAIRPERSON UNTERMAN: Okay. And I'm
10 going to call out the first six that are going to
11 testify. Trinity Hundredmark Fitzpatrick, Melissa
12 Kottke, Juanita [sic] Callaway, Ann Patterson, and
13 Carrie Cwiak. I'm not sure I pronounced that
14 right. C-w-i-a-k.

15 So if y'all could line up on the wall,
16 I would appreciate it.

17 Mr. Walraven, you've got the floor.

18 JOHN WALRAVEN: Thank you, Chairman
19 Unterman. I will be very brief. I've got
20 11-, 7-, and 8-year-old boys that are waiting for
21 me to come for first pitch of a baseball game.

22 I'm the counsel to Georgia's
23 reproductive endocrinologists, and my plea today
24 is to be in front of the Science & Technology
25 Committee here in the State Senate. And that's

1 really because the obstetricians and gynecologists
2 that I represent have created opportunities for
3 our ob-gyns to establish much that would be
4 codified in HB 481 is not scientific fact.

5 When legislation is introduced on the
6 subject of pregnancy and its proposals violate the
7 standard of care in obstetrics, our reproductive
8 endocrinologists work to help restore these
9 standards in Georgia law.

10 When legislation states items that are
11 false and can be proven so with science, the
12 doctors will come and present it. Today Dr. Ann
13 Patterson, a specialist in maternal fetal
14 medicine, will appear behind me -- after me
15 rather and offer testimony on House Bill 481
16 because the bill is filled with falsehoods and
17 under the threat of imprisonment will require
18 Georgia's doctors to treat patients contrary to
19 their training and education.

20 The bill contains falsehoods about the
21 human race that are just simply untrue. Six weeks
22 from fertilization a human heart has not formed.
23 What has not formed cannot beat. It's a really
24 good try at lines 70 and 95. But if you look at
25 these lines -- and Dr. Patterson will tell you --

1 what is described in the bill is not cardiac
2 activity.

3 At line 234, we then update the Woman's
4 Right to Know Act, an act that I've been working
5 on since 2005. And it now will provide
6 misinformation to Georgia's pregnant patients
7 because it will say that at six weeks, that embryo
8 in their body has a heartbeat when it doesn't.

9 This bill also seeks to amend the
10 Georgia Constitution by general law. Finding that
11 an embryo is worthy of recognition as a natural
12 person requires an amendment to the Constitution.
13 You can't change the Constitution with 29 votes in
14 this Senate, and that's what this bill purports to
15 do.

16 This bill also violates Georgia's
17 Constitution in ways that the federal courts will
18 not hear in the new sub on these different subject
19 matters. In this bill, you'll find subject
20 matters of taxes, torts, facility reporting,
21 informed consent, homicide, and now child support.

22 I will quickly go through survey
23 questions from Georgia's ob-gyn residents. They
24 are here in Georgia getting their education. "I
25 am more concerned about being sued as a

1 physician." Yes, 76 percent. "I am more likely
2 to stay in Georgia after finishing residency to
3 practice." No, 88 percent. "Georgia will become
4 a more attractive state in which to practice
5 obstetrics." No, 88.46 percent.

6 Senators and Madam Chair, thank you
7 very much. I'll stand for any questions if you
8 have any.

9 CHAIRPERSON UNTERMAN: If you'll just
10 submit your survey, we'll be glad to enter it into
11 the record.

12 JOHN WALRAVEN: I'm sorry. I couldn't
13 hear.

14 CHAIRPERSON UNTERMAN: If you will
15 submit your survey --

16 JOHN WALRAVEN: I will. Thank you.

17 CHAIRPERSON UNTERMAN: -- to me, I will
18 disseminate it to the rest of the committee. I
19 appreciate it.

20 JOHN WALRAVEN: Thank you very much.

21 CHAIRPERSON UNTERMAN: Thank you.

22 Okay. Going back up to the top of the
23 list. Trinity -- Trinity, you want to say your
24 name correctly because I'm sure I'm not saying it
25 right.

1 TRINITY HUNDREDMARK FITZPATRICK: Yes.

2 Trinity Hundredmark from Atlanta, Georgia.

3 CHAIRPERSON UNTERMAN: And it says

4 Fitzpatrick.

5 TRINITY HUNDREDMARK FITZPATRICK: Yes.

6 That's my married name.

7 CHAIRPERSON UNTERMAN: Okay. All

8 right. We're glad to have you here at the

9 Capitol.

10 TRINITY HUNDREDMARK FITZPATRICK: Thank

11 you, Madam.

12 This is the first time that I've told
13 this story out loud in the public. A lot of our
14 close friends know, but this is the first time
15 anybody's ever heard it out in the public sphere.

16 In the summer of 2013, we found out
17 that we were pregnant with our second child. When
18 we found out at our first appointment that this
19 baby would be due one year to the day that my mom
20 had passed away, it felt like God had intervened
21 and given us this precious blessing to return us
22 to some level of hope and joy. But that joy was
23 very short-lived.

24 As my ob looked at the images from our
25 anatomy scan at 19 weeks, she told us that though

1 she didn't want to cause us much concern, she was
2 very concerned about my daughter's long bones in
3 her legs. They were measuring two weeks behind.
4 That seemed like such a silly thing to be
5 concerned about at the time. Two weeks? How big
6 of a deal was that?

7 I wouldn't know how big of a deal that
8 would actually be. This was three days before
9 Thanksgiving. The days seemed like years as we
10 waited for our appointment the Monday after
11 Thanksgiving. My husband was confident that
12 everything was going to be okay, and I did my best
13 to adopt his optimism.

14 But it only took a few moments at the
15 perinatologist and few measurements to flash up on
16 the big screen next to the bed before I realized
17 the doctor was going to tell me the words that I
18 was dreading. My daughter was very, very sick.
19 And not only was she very sick, but her growth
20 bone was lagging so far behind that her chest was
21 not large enough to hold and grow her lungs.

22 From all of my Googling of what short
23 long bones meant, I knew that this was the biggest
24 sign that she suffered from a lethal condition.
25 We spent the next two days researching everything

1 that we could about skeletal dysplasia because
2 that's what they told us she likely had as we
3 waited the second opinion.

4 We prayed that they were wrong, and we
5 made plans to adjust our lives to bring in a
6 little person because we were committed to trying
7 to make this work for her. But we would never get
8 that chance because at our second appointment, we
9 learned that not only did she have one fatal
10 defect, but she had two others. So three total
11 that were incompatible with life. That phrase
12 will haunt me for the rest of my life.

13 They narrowed it down to two forms of
14 skeletal dysplasia, both of which would likely be
15 causing her extreme pain. There was a good chance
16 that she would die in my belly before we made it
17 to the end of her pregnancy. But if she didn't,
18 the extra fluid that was on her brain and her
19 large head size would make a vaginal delivery
20 nearly impossible and would likely kill her.

21 As I sat in there taking this
22 information in, I tried my best not to be sick.
23 How could this be happening? I love this baby.
24 We want this baby. But I wanted more for her to
25 not be in any more pain. I wanted her to not know

1 a minute of suffering. I only wanted her to know
2 peace.

3 And as much as I wanted to keep her
4 safe and hold her, I knew that carrying her to
5 term would only be fulfilling my own selfish
6 desires. It would do nothing to alleviate her
7 pain, and it would do nothing to stop her
8 suffering. And so we made the decision to allow
9 her to pass safely in my womb so that she would
10 not know any other pain.

11 When she died, a part of me died with
12 her as well. Yet there's not an ounce of me that
13 regrets this decision. You see, I didn't end her
14 life. Her life was over before it even began.
15 And that decision was made by a power larger than
16 me. The only decision that I had to make was to
17 show her compassion and to show her mercy. And I
18 firmly believe that God chose me to be her mother
19 because he knew I would make this choice.

20 Please don't misconstrue what I'm
21 saying as saying we didn't want her.

22 CHAIRPERSON UNTERMAN: Okay. Your
23 time's just about up. You want to finish?

24 TRINITY HUNDREDMARK FITZPATRICK: Yes,
25 ma'am.

1 What I want you-all to know is that
2 these babies are loved. They are honored every
3 year with candles and balloons and releases and
4 walks in October to remember their life. They are
5 loved, and they were wanted. And I'm here to
6 speak on behalf of all women that may have been in
7 my situation.

8 Thank you.

9 CHAIRPERSON UNTERMAN: Okay. Trinity,
10 you didn't tell us where you were from. Where are
11 you from?

12 TRINITY HUNDREDMARK FITZPATRICK:
13 Atlanta, Georgia.

14 CHAIRPERSON UNTERMAN: Okay. Thank
15 you. Appreciate you coming.

16 Okay. Are you Melissa?

17 MELISSA KOTTKE: I am.

18 CHAIRPERSON UNTERMAN: Melissa, how do
19 you spell your last name?

20 MELISSA KOTTKE: It's Kottke,
21 K-o-t-t-k-e.

22 CHAIRPERSON UNTERMAN: Okay. Thanks
23 for coming.

24 MELISSA KOTTKE: Thank you.

25 Good afternoon, Madam Chair and Members

1 of the Committee. My name is Dr. Melissa Kottke.

2 I am from Atlanta, Georgia.

3 I'm an ob-gyn physician who's practiced
4 in Georgia for over ten years, and today I want to
5 present my strong opposition as an ob-gyn to House
6 Bill 481.

7 First and fundamentally, which we've
8 already heard, House Bill 481 is built on a
9 foundation of misleading and false statements and,
10 what's troublesome to me, enormous amounts of
11 scientific inaccuracies. For these reasons alone,
12 it should not be considered.

13 Next, in House Bill 481, lawmakers
14 actually seek to redefine medical terminology.
15 This bill plans to redefine viability.
16 Conveniently the American College of Obstetricians
17 and Gynecologists with its membership of over
18 55,000 ob-gyns across the US already has a
19 definition of viability. So not only is this
20 shocking and inappropriate for lawmakers to
21 suggest, but it's also completely unnecessary as
22 medical experts have already done this.

23 House Bill 481 takes medical decisions
24 out of the hands of patients and their providers.
25 It is extremely dangerous for lawmakers to presume

1 that they're better equipped than a woman and her
2 healthcare provider to judge what is appropriate
3 medical care. This compromises both the integrity
4 of the patient-physician relationship and the
5 medical practice of evidence-based care.

6 Every day as clinicians, we see real
7 world contacts and real life medical situations of
8 real people much like what we just heard, and
9 they're complex, and they're nuanced. There are
10 enumerable situations, health conditions, and
11 complications that occur every day in pregnant
12 people. Unfortunately, it's not always possible
13 to predict the course of a medical condition, a
14 complication, or how quickly it may lead to health
15 problems, severe injury, or even death. This is
16 the reality of this field.

17 As such, these situations can only be
18 best managed by the patient, her provider, and the
19 best available evidence. This bill actually seeks
20 to circumvent each of these. The mother, the
21 doctor, and the science no longer matter.

22 This bill will put women in Georgia in
23 harm by putting a wide array of medical
24 professionals in the untenable position of denying
25 medical care to pregnant people for fear of

1 persecution. Medical providers may not complete
2 radiologic imaging for fear of harming the unborn.
3 They may give chemotherapy. They may defer
4 surgery for the mother in fear of being charged
5 with homicide.

6 Ob-gyns caring for common conditions in
7 pregnancy may feel the need to wait for a higher
8 blood, a higher fever, or even more blood loss.
9 Imagine if that was you and it was happening to
10 your loved one while your family was in crisis and
11 I had to greet you in the waiting room of the
12 hospital and say, I'm very worried about her. In
13 my medical opinion, it's the pregnancy that's
14 causing what we're seeing. But I'm sorry. She's
15 just not sick enough yet. So I can't help you.

16 House Bill 481 will worsen Georgia's
17 already dismal maternal and child health outcomes.
18 We've seen time and time again that maternal
19 mortality and infant mortality are higher in
20 places where abortion is illegal or highly
21 restricted.

22 CHAIRPERSON UNTERMAN: Time to finish
23 up.

24 MELISSA KOTTKE: One sentence.
25 Furthermore, abortion restrictions

1 disproportionately affect people who are poor,
2 young people, sexual gender minorities, and people
3 of color. In comparison, legal abortion is
4 incredibly safe. We can't allow this.

5 I urge you to end this committee, to
6 vote no to House Bill 481.

7 Thank you.

8 CHAIRPERSON UNTERMAN: Thank you.

9 Okay. Thank you.

10 How are you?

11 DR. JUAQUITA CALLAWAY: I'm fine.

12 CHAIRPERSON UNTERMAN: You're Juanita.

13 DR. JUAQUITA CALLAWAY: I'm

14 Dr. Juaquita Callaway.

15 CHAIRPERSON UNTERMAN: Juaquita?

16 DR. JUAQUITA CALLAWAY: Yes.

17 CHAIRPERSON UNTERMAN: Okay.

18 DR. JUAQUITA CALLAWAY: No problem.

19 CHAIRPERSON UNTERMAN: And where are
20 you from?

21 DR. JUAQUITA CALLAWAY: Decatur.

22 CHAIRPERSON UNTERMAN: Decatur?

23 DR. JUAQUITA CALLAWAY: Yes.

24 CHAIRPERSON UNTERMAN: Thank you so
25 much for coming. We appreciate it.

1 DR. JUAQUITA CALLAWAY: Yes. And I'm
2 just eternally grateful to be here to have this
3 opportunity to speak. This is my first time
4 coming down.

5 And I really wanted to because I want
6 to speak for a lot of women of Georgia that have
7 not been spoken for yet. For 30 years as an
8 ob-gyn in this state, I have taken care of women
9 on all levels.

10 As I listened to the testimony of the
11 women earlier, the child whose mother kept her
12 despite being told to abort her, had I been her
13 mother's doctor, I would have advocated for her as
14 well because that's what that mother wanted.
15 Clearly she had the resources. Clearly she had
16 the support. But that is not true for every woman
17 in this state. And I have seen that firsthand.

18 There is a reason that Georgia is 50 in
19 maternal mortality. More women die from pregnancy
20 in this state than any other. Why is that? I
21 know why. It's a lack of resources. Lack of
22 healthcare. How can we in this state, in this
23 time still have 50 percent of Georgia counties not
24 having an ob-gyn when women have to have their
25 pregnancies -- they need prenatal care to have

1 good outcomes, and these outcomes include healthy
2 babies. We still don't have that here in Georgia;
3 although, we have committees and grant money to
4 improve it, but it's not happening.

5 My concern about this bill, and
6 although it does not make abortion illegal, it
7 puts restrictions. And those restrictions may
8 lead to outcomes we don't want. A woman would
9 have to do a pregnancy test every one to two weeks
10 to catch her pregnancy early. Then she will try
11 to get an appointment before her sixth week. That
12 may not be possible if she does not have resources
13 and insurance.

14 By the time she finds out, she may not
15 have that option in this state. And especially if
16 she's one of these women in a state of hardship,
17 she will travel to another state, or she will have
18 an illegal abortion, or she will have a pregnancy
19 that will likely be a high-risk pregnancy and end
20 in a preterm delivery, her death, or the death of
21 her child.

22 Now, I understand the passion for
23 children, but these children come from women, from
24 mothers. Not every woman who wants to have an
25 abortion is doing it because it's an

1 inconvenience. She's doing this because she's
2 weighing her options for what's available for her
3 and her child, and many don't want to see the
4 suffering. I hear it over and over. It literally
5 brings tears to my eyes that there's nothing I can
6 do as a doctor in this state to help these women.

7 Now, if we're doing anything, I
8 understand. But I would also love to see that
9 support.

10 Thank you.

11 CHAIRPERSON UNTERMAN: Thank you.

12 Thank you very much for your service.

13 So Ann Patterson?

14 DR. ANN PATTERSON: Good afternoon,
15 Madam Chairman, Committee. I am Dr. Ann
16 Patterson. And for almost 30 years I have been
17 practicing --

18 CHAIRPERSON UNTERMAN: Where are you
19 from, ma'am?

20 DR. ANN PATTERSON: Duluth.

21 CHAIRPERSON UNTERMAN: Duluth, Georgia.

22 DR. ANN PATTERSON: I have been
23 practicing ob-gyn specializing in maternal fetal
24 medicine. This is a subspecialty that deals with
25 complications of pregnancy and in the baby before

1 delivery.

2 At this time, I am past president of
3 the Georgia OBGyn Society, and I'm here
4 representing more than 1,000 physician members of
5 that society who oppose House Bill 481.

6 Access to healthcare from a woman's
7 perspective is terrible in Georgia. If we enact
8 this, it will make it worse. There are 80
9 counties in Georgia without an obstetrician.
10 Women have to travel a long way to even
11 find care by an obstetrician. The mortality
12 rate -- maternal mortality rate in this state is
13 so high. We are 50 out of the 50 states.

14 House Bill 481 proposes banning
15 abortion on the embryonic heartbeat. Let's
16 talk about that a minute. At six weeks, if you
17 look at the side -- the thickness of your
18 fingernail, that is the size of the fetus. It
19 is 2 to 3 millimeters thick, not centimeters.

20 It proposes that there is a heartbeat.
21 At that point in time, sometimes on ultrasound
22 with very enhanced technology you can see motion
23 in the heart. But those are the Purkinje fibers
24 that are developing that will eventually innervate
25 the heart, but that does not mean there's a formed

1 heart nor that there is a heartbeat. So it is
2 misleading.

3 At eight to nine weeks, we can see a
4 heartbeat. And that, however, can be difficult
5 because you're doing this transvaginally, and not
6 everybody is five-foot and 140 pounds. There is
7 an increasing problem with obesity in Georgia, and
8 even then it is transvaginally very difficult to
9 examine these women or find a heartbeat at that
10 stage.

11 So I want to share with you something
12 that's very, very personal in the fact that years
13 ago when I practiced at Grady, I saw many cases of
14 women who came in. And there was an entire wing
15 of the hospital devoted to septic abortions and
16 some of the really terrible outcomes of this where
17 women, if they lived, have amputations. The worst
18 I ever saw was a hemipelvectomy where the woman
19 was cut off above the hips, lived to go home in a
20 padded wheelchair to try to take care of her
21 family. That is something we do not want to go
22 back to in Georgia. And no hospital can turn away
23 a septic patient for any reason. Ultimately, we
24 will see that if abortions are performed, they're
25 performed outside the purview of medicine. And

1 that will provoke more septic problems that we had
2 once years ago.

3 Georgia has made a significant
4 investment in State funds to reverse the worst of
5 maternal mortality. Senator Unterman has been
6 very proactive with that.

7 Instead of this bill, I urge the
8 committee to change the conversation. Improve the
9 patient-physician relationship. Promote women's
10 healthcare in Georgia. Provide obstetricians in
11 counties where there are none. That is where this
12 conversation really needs to go.

13 Madam Chair, thank you. I'm happy to
14 take any questions.

15 CHAIRPERSON UNTERMAN: Good. Thank
16 you. I appreciate you coming. If you want to
17 submit your testimony --

18 DR. ANN PATTERSON: Excuse me?

19 CHAIRPERSON UNTERMAN: I thought you
20 were reading it. If you want to submit it since
21 you were -- you were president of the OBGyns?

22 DR. ANN PATTERSON: Yes, ma'am.

23 CHAIRPERSON UNTERMAN: Okay. If you
24 want to submit those, I'll disperse them.

25 DR. ANN PATTERSON: Thank you.

1 CHAIRPERSON UNTERMAN: Thank you.

2 Carrie? Where are you from?

3 DR. CARRIE CWIAK: Atlanta.

4 CHAIRPERSON UNTERMAN: Atlanta?

5 DR. CARRIE CWIAK: My name is

6 Dr. Carrie Cwiak. I am a practicing board
7 certified obstetrician/gynecologist at Emory
8 University; a Fellow of the American College of
9 Obstetrics and Gynecologists, ACOG; and a member
10 of the Georgia OBGyn Society. I strongly urge you
11 to oppose this bill. It's a bad idea for Georgia.

12 A fetal heartbeat may note a viable
13 intrauterine pregnancy with 78 percent certainty
14 of survival to a full-term pregnancy. This is not
15 the same as stating that a pregnancy with a fetal
16 heartbeat is a viable human being. ACOG, in fact,
17 states that viability is the capacity for
18 sustained survival outside the uterus. This is
19 why their policy statement strongly supports
20 access to abortion as part of healthcare.

21 They are joined by similar national
22 organizations like the American Medical
23 Association, the American College of Graduate
24 Medical Education, the American Academy of
25 Pediatrics, and the Society of Family Planning,

1 whose policy statements assert the same.

2 In fact, if I see a patient during
3 prenatal care, I can't legally bill for seeing two
4 patients because I'm, in fact, seeing one patient.
5 And if I try to, her insurance carrier will tell
6 me that I'm, in fact, committing fraud.

7 A fetus born prior to viability in the
8 first or second trimester will not be able to be
9 intubated and, therefore, will not be able to have
10 even assisted respirations and will certainly not
11 be able to have respirations on its own.
12 Therefore, the fetus will not be able to survive
13 independently if delivered prior to the point of
14 viability. That is the medical definition of
15 viability.

16 If a patient is miscarrying before this
17 time, I can neither prevent the miscarriage or
18 treat the fetus once it's delivered. So will
19 doctors be sued if this occurs and they cannot
20 prevent it nor treat the fetus when it's delivered
21 for wrongful death? Will they be sued? Will
22 hospitals be sued similarly? Will this drive up
23 medical malpractice and healthcare expenditures as
24 a result?

25 Viability also does not equate to a

1 chance of survival or quality of life for the
2 mother of the fetus. This is best determined by a
3 provider with years of medical training. Medical
4 and fetal indications often present later than
5 when the heartbeat is detected.

6 In particular, if you have limited
7 access to an ob-gyn, you will not have access to
8 this life-saving determination. This will
9 disproportionately impact women in rural counties
10 where there's no ob-gyn, women of color, and women
11 of limited economic means.

12 The decision to terminate a pregnancy
13 is significant and complex made voluntarily after
14 informed consent by a patient, after careful
15 thought in consultation with her physician. This
16 bill does not enable us to parse out the vagaries
17 of medical maternal and fetal indications that we
18 oftentimes see in pregnancy.

19 One of my patients was diagnosed at 15
20 weeks with a fetal genetic metabolic disorder.
21 Her first child was already affected by the same
22 and required a significant amount of her family's
23 time and care. Once she and her husband found out
24 that her pregnancy -- her fetus was similarly
25 affected, they decided to terminate the pregnancy.

1 They chose to preserve the quality of life of
2 their living child rather than jeopardize that for
3 a fetus not yet living.

4 But what is the definition of medically
5 futile? Will providers and hospitals be sued for
6 medical malpractice?

7 CHAIRPERSON UNTERMAN: Okay. You're
8 time's up.

9 DR. CARRIE CWIAK: Thank you.

10 CHAIRPERSON UNTERMAN: Do you want
11 finish your sentence?

12 DR. CARRIE CWIAK: Oh, I was just going
13 to say, will we be sued for medical malpractice if
14 we don't meet the preponderance of evidence that's
15 decided by others?

16 Thank you.

17 CHAIRPERSON UNTERMAN: Okay. Thank
18 you. We appreciate you coming.

19 Okay. We've got another list here.
20 Preetha Nandi, Shivika Trivedi, Eva Lathrop, Roger
21 Rochat, Atsuko Koyama, Mimi Zieman. Those people
22 line up, and then y'all go ahead and come on up.

23 The next list is Joline Milord, Laura
24 Anderson, Tiffany Hailstorks, Lisa Haddad, Bob
25 Wiskind, and Jasmine Cummings, if you'll be on

1 standby.

2 Okay. Yes?

3 UNIDENTIFIED PERSON: Can she provide
4 you a copy of her testimony as well?

5 CHAIRPERSON UNTERMAN: Sure. Be glad
6 to.

7 Preetha Nandi? Preetha, where are you
8 from?

9 PREETHA NANDI: I'm from Atlanta,
10 Georgia.

11 CHAIRPERSON UNTERMAN: Good. We're
12 glad to have you here.

13 PREETHA NANDI: Thank you for having
14 me, Madam Chair. And this is my colleague, Alicia
15 Kramer. We're both medical students, and we'd
16 like to present our testimony together.

17 CHAIRPERSON UNTERMAN: That's fine.

18 PREETHA NANDI: Great.

19 CHAIRPERSON UNTERMAN: Wait a minute.
20 Tell me who you are so I can mark you off. We've
21 got Preetha and Alicia?

22 ALICIA KRAMER: Alicia Kramer also from
23 Atlanta, Georgia.

24 CHAIRPERSON UNTERMAN: Alicia Kramer?

25 ALICIA KRAMER: Correct.

1 CHAIRPERSON UNTERMAN: How do you spell
2 your name?

3 ALICIA KRAMER: K-r-a-m-e-r. I believe
4 I'm on a separate list.

5 CHAIRPERSON UNTERMAN: Wait a minute.
6 I don't want to get confused. It's late, and
7 we're all tired. So just hold on. We're not as
8 smart as medical students.

9 Okay. Tell me your name again.

10 ALICIA KRAMER: Alicia Kramer.

11 CHAIRPERSON UNTERMAN: Alicia Kramer.
12 K-r-a-m-e-r?

13 ALICIA KRAMER: Correct.

14 CHAIRPERSON UNTERMAN: Alicia, where
15 are you from?

16 ALICIA KRAMER: Atlanta.

17 CHAIRPERSON UNTERMAN: And Preetha,
18 where are you from?

19 PREETHA NANDI: Atlanta as well.

20 CHAIRPERSON UNTERMAN: We're glad to
21 have y'all.

22 PREETHA NANDI: Madam Chair, Vice
23 Chair, and Distinguished Members of the Committee
24 on Science & Technology, thank you for the
25 opportunity to appear before you today to share

1 our perspective on House Bill 481.

2 We are fourth-year medical students at
3 Emory University here in Atlanta. Alicia and I
4 are both natives of the Southeast, and we plan to
5 practice as ob-gyn physicians in this region.

6 We believe that House Bill 418 [sic]
7 will have severe, negative consequences not only
8 for women's health in Georgia as described by our
9 colleagues but also for the already diminishing
10 physician workforce particularly in primary care
11 in this state.

12 To be clear, a restrictive practice
13 environment will deter trainees from entering
14 medical school and physicians from practicing in
15 Georgia. Why? This bill sends a message to
16 future healthcare providers like us that the
17 government can and will violate the privacy of the
18 clinical exam room.

19 This bill undermines our ability as
20 physicians to provide safe, quality, and
21 evidence-based medical care. As student doctors
22 do not feel that they can freely uphold the
23 central tenets of medicine they are taught in
24 medical school, they simply will choose to
25 practice elsewhere. And it is the people of

1 Georgia, the women of Georgia, who will suffer.

2 In a state already facing a willful
3 shortage of providers, we must attract, not deter,
4 trainees and providers to make Georgia their home.

5 ALICIA KRAMER: Every day our patients
6 make difficult, personal decisions in consultation
7 with their doctors and their families. These
8 decisions are and must be individualized: the
9 cancer patient deciding between surgery or
10 chemotherapy, a woman choosing when to begin
11 routine mammogram screening, a family's decision
12 to move a loved one to hospice care.

13 Regardless of our personal beliefs on
14 abortion, I think we can all agree that when any
15 one of us go to our doctor, we expect the privacy,
16 respect, and dignity of a confidential
17 consultation.

18 We expect to be offered all available
19 options so that we can make the right decision for
20 us. We do not expect politicians to presume to
21 understand our medical needs better than we and
22 our doctors do, but this bill takes medical
23 decision-making power away from patients and puts
24 that power into the hands of government.

25 We hope this committee will consider in

1 good faith the critical importance of patient
2 autonomy and the lethal consequences of worsening
3 physician shortages.

4 We ask you, our representatives, to
5 listen to the voices of Georgia's future
6 physicians and vote against House Bill 481.

7 CHAIRPERSON UNTERMAN: Thank you.
8 Thank you. We appreciate y'all coming, and good
9 luck in your internships and your fellowships, if
10 you so choose. I always love being at Grady
11 telling doctors what to do.

12 Okay. So you're Shivila. Did I say it
13 right?

14 DR. SHIVIKA TRIVEDI: (No audible
15 response.)

16 CHAIRPERSON UNTERMAN: No? I'm sorry.

17 DR. SHIVIKA TRIVEDI: Shivika Trivedi.
18 I'm from Atlanta.

19 CHAIRPERSON UNTERMAN: Shivika. You're
20 from Atlanta?

21 DR. SHIVIKA TRIVEDI: Yes.

22 CHAIRPERSON UNTERMAN: We're glad to
23 have you here. Thank you very much.

24 DR. SHIVIKA TRIVEDI: Thank you.

25 Good afternoon, everyone. I'm a

1 practicing ob-gyn.

2 To start, the American College of
3 Obstetrics and Gynecology, Committee Opinion 385
4 states that "... conscientious refusals should be
5 limited if they constitute an imposition of
6 religious or moral beliefs on patients, negatively
7 affect a patient's health, are based on scientific
8 misinformation, or create or reenforce racial or
9 socioeconomic inequalities."

10 House Bill 481 is based on scientific
11 misinformation, imposes religious and moral
12 beliefs on the women of Georgia, and will also be
13 negatively affecting patients' health and
14 reinforcing racial and social inequalities.

15 There are countless reasons why House
16 Bill 481 is a direct attack on women's health.
17 For the next few moments, I will discuss the
18 detrimental effects of this bill from the
19 standpoint of an educator.

20 This bill would prevent current
21 resident physicians from having the opportunity to
22 learn a very important and life-saving surgical
23 skill. The Accreditation Council for Graduate
24 Medical Education or ACGME requires that resident
25 physicians perform at least 25 surgical abortion

1 procedures prior to their graduation from
2 residency.

3 This governing body along with all
4 domestic and international dominant ob-gyn
5 organizations recognize how important this
6 surgical skill is for an ob-gyn to ensure future
7 patients are being afforded complete reproductive
8 healthcare.

9 This bill would prevent resident
10 physicians from learning how to evacuate a uterus
11 to treat miscarriage or hemorrhage. Nearly 15
12 percent of first trimester pregnancies result in
13 miscarriage. Some of these miscarriages are
14 incomplete and lead to life-endangering
15 hemorrhage. Without the know-how to evacuate a
16 uterus, which comes from performing abortions
17 during residency training, these future patients
18 would likely suffer undue harm due to the gap in
19 residency training that this bill would create.

20 I currently work to train residents who
21 have committed to working in rural settings
22 specifically throughout Georgia. They are
23 committed to addressing the shortage of ob-gyns in
24 your counties and will be caring for you, your
25 wives, sisters, daughters, and friends. Their

1 presence in these underserved areas will hopefully
2 help to ameliorate our ranking as the number one
3 most dangerous state to be pregnant.

4 However, by passing this ban, you are
5 single-handedly under-equipping them to care for
6 your constituents. Not only will they not be able
7 to provide the full breadth of reproductive
8 healthcare, which includes abortion services.
9 They also will not have the ability to save a
10 woman's life when she presents to a small urgent
11 care clinic, urgent care, or rural clinic
12 hemorrhaging from her miscarriage.

13 From the standpoint of an educator and
14 someone who is actively working to address the
15 ob-gyn shortage in Georgia for our constituents,
16 this bill will surely undermine the few advances
17 made in this arena. If this bill passes, educated
18 medical students entering the noble field of
19 ob-gyn will be dissuaded from applying to
20 residency programs in Georgia.

21 Evidence has shown that medical
22 students seek abortion training during residency
23 interviews. Moreover, the highly-educated and
24 valuable physicians we are training in Georgia
25 will not be retained.

1 This bill will create a brain drain
2 where capable providers who would have otherwise
3 remained in Georgia to treat our constituents --
4 your constituents will rather elect to practice in
5 a state where they can actually wholly care for
6 women rather than a state that dictates how and
7 when a physician should care for his or her
8 patients.

9 Thank you.

10 CHAIRPERSON UNTERMAN: Thank you. We
11 appreciate you coming.

12 Eva Lanthrop? Lathrop?

13 DR. EVA LATHROP: Hey. Eva Lathrop. I
14 live and practice in Atlanta.

15 CHAIRPERSON UNTERMAN: Thanks for
16 coming to the Capitol. Have you ever been before?

17 DR. EVA LATHROP: I have.

18 CHAIRPERSON UNTERMAN: Good. We're
19 glad to have you back.

20 DR. EVA LATHROP: Thanks.

21 I'm an obstetrician/gynecologist. I
22 work for Emory University. I'm here today
23 representing my own position and not that of
24 Emory.

25 But before that, for several years, my

1 job was to provide obstetrics and gynecology care
2 for women in an obstetrician shortage area in the
3 Northwestern part of Georgia. I loved that job,
4 and I learned a tremendous amount while serving
5 women from largely poor and rural parts of the
6 state. I brought with me an enthusiasm and energy
7 to help improve the concerning maternal health
8 outcomes that were in the region and remain in our
9 state.

10 But over the years, this shifted to
11 despondence and disappointment at the lack of
12 institutional and regional policies in place
13 supporting improving maternal child health
14 outcomes. These just weren't a priority.

15 Many of the women that we served had
16 limited access to our care for a variety of
17 reasons, but yet no policies were in place or even
18 in the pipeline to improve access to prenatal
19 care, to contraception, to the resources that we
20 needed to improve the quality and timeliness of
21 emergency obstetric care. All of these would have
22 improved maternal health outcomes.

23 And we had restrictive policies.
24 Specifically we had essentially an institutional
25 ban on abortion that for all intents and purposes

1 is akin to House Bill 481 which was harmful to
2 women and families.

3 For a number of reasons but not only
4 because of restricted policies, but in part
5 because of them, I eventually left this position.
6 I left for these restrictive policies, and I left
7 because of the lack of supportive policies for
8 maternal health that kept me from completely doing
9 my job and that kept me from providing the quality
10 of ob-gyn care that I had pledged to provide. I
11 loved that job, and I left.

12 We can't afford to diminish the rural
13 obstetrician workforce anymore. But restrictive
14 policies like House Bill 481 will do exactly that.
15 Restrictive policies hurt women and hurt families.

16 I have served thousands of women in an
17 ob shortage area of our state, and I left. I left
18 a job that I loved. And my peers and colleagues
19 who are coming up through the ranks either won't
20 go or will leave shortly after with the passage of
21 something like House Bill 481.

22 Regardless of their position on
23 abortion, physicians do not want to practice in an
24 environment that restricts their ability to
25 comprehensively care for their patients and that

1 threatens their relationship with their patients.

2 House Bill 481 will harm the workforce
3 and harm women and families in Georgia. I believe
4 that Georgians deserve better, and I encourage you
5 to vote no on this bill.

6 Thanks.

7 CHAIRPERSON UNTERMAN: Thank you for
8 coming.

9 DR. ROGER ROCHAT: My name is Roger
10 Rochat, and I live in Atlanta. And I've practiced
11 public health for over 50 years. And I am
12 passionately committed to preventing maternal
13 deaths and in particular maternal deaths from
14 abortion.

15 I've done this in Georgia, in the
16 United States, and internationally.
17 Internationally some 56 million women obtain an
18 abortion each year. 46,000 die. And 98 percent
19 of those are women of color in Asia and Africa.

20 In my remaining comments, I will talk
21 about Georgia. And I will start back in 1969 when
22 the CDC assigned me to the State of Georgia to the
23 health department. And one of the assignments was
24 to evaluate whether or not the April 1986 law --
25 1968 law on abortion would have any impact on

1 maternal mortality.

2 So I started by reviewing the maternal
3 deaths for the previous 20 years. And of those,
4 there were nearly 2,000 deaths from pregnancy, and
5 206 that were abortion deaths or about one
6 abortion death a month. 70 percent of those were
7 to African-Americans.

8 And for the last three (inaudible) for
9 which I have data on marital status, the majority
10 were married, 92, and 18 were single. But
11 distinctly only one single white woman died from
12 abortion while 17 were single African-Americans.
13 Moreover, there was some evidence of decline in
14 maternal deaths from abortion for all groups
15 except single African-Americans.

16 Following the new law, legal hospital
17 abortions occurred disproportionately among white
18 women, particularly young white women. My
19 co-authors, both obstetricians, and I concluded
20 that Georgia's 1968 law did nothing to improve
21 maternal health for black women.

22 Concurrently with my assignment, CDC
23 assigned two people to monitor what was happening
24 in Grady Hospital. And during the first 18 months
25 after the law was passed, 60 women were admitted

1 for complications of illegal abortion, and
2 physicians performed 203 legal abortions.

3 They did this for severe maternal
4 medical indications; for maternal mental
5 indications including depression with suicidal
6 tendency, schizophrenia, mental retardation; and
7 50 for fetal indications, 41 of which were for
8 rubella exposure early in pregnancy and nine for
9 rape.

10 The committee denied abortion to seven
11 people. And I'd like to tell the stories of three
12 of them. The first applicant was a 17-year-old
13 black single woman who was first referred to a
14 special ob clinic by a departmental faculty member
15 at nine weeks' gestation. This applicant, a
16 senior in high school, felt very strongly that her
17 pregnancy represented a tremendous threat to her
18 plans to further her education beyond high school
19 and was determined to end the pregnancy either
20 legally or illegally.

21 She applied for a therapeutic abortion
22 on the grounds of psychiatric indications. She
23 was denied an abortion at 11 weeks' gestation.
24 The following week she was worked up with the same
25 consultation, approved, and received a D&C at

1 another Atlanta hospital.

2 The second has an assumed name, is a
3 25-year-old white, divorced female. This
4 applicant sought a therapeutic abortion on
5 psychiatric grounds under an assumed name in order
6 to protect her family, a very prominent Atlanta
7 name, as well as to retain custody of her two
8 small sons. Her medical record is missing from
9 Grady's record room; therefore, her gestation is
10 missing from the lined summary. But it is
11 remembered that she applied and was turned down
12 relatively early in her pregnancy.

13 Several days following her denial here,
14 she had an illegal abortion in Atlanta which she
15 had arranged upon becoming discouraged some time
16 during her abortion workup.

17 CHAIRPERSON UNTERMAN: Mr. Rochat,
18 you're about just a minute over. So we'll wrap
19 up.

20 DR. ROGER ROCHAT: I'll do that.

21 CHAIRPERSON UNTERMAN: That would be
22 great.

23 DR. ROGER ROCHAT: Thank you very much.

24 21 years after Roe v. Wade and Doe v.
25 Bolton, a local African-American college student

1 made an appointment to end her pregnancy, went to
2 a clinic, was deterred by protestors, went back to
3 her residence, unwrapped a coat hanger, and
4 inserted it into her uterus, perforated the
5 uterine wall, became ill, was hospitalized.
6 Doctors tried unsuccessfully to save her life by
7 removing the infected uterus.

8 Thank you for your time. I appreciate
9 you listening.

10 CHAIRPERSON UNTERMAN: Thank you. We
11 appreciate your service at the CDC and residing
12 here in this state.

13 So Atsuko?

14 DR. ATSUKO KOYAMA: Atsuko Koyama. Hi.

15 CHAIRPERSON UNTERMAN: I'm not even
16 going to try that.

17 DR. ATSUKO KOYAMA: It's all good.

18 CHAIRPERSON UNTERMAN: Okay. Southern
19 accent.

20 DR. ATSUKO KOYAMA: My name is
21 Dr. Atsuko Koyama. Thank you. Good afternoon
22 Chairwoman Unterman and Committee Members.

23 CHAIRPERSON UNTERMAN: And where are
24 you from?

25 DR. ATSUKO KOYAMA: I prefer to just --

1 CHAIRPERSON UNTERMAN: Where do you
2 live?

3 DR. ATSUKO KOYAMA: I prefer to just
4 say Georgia for my security.

5 CHAIRPERSON UNTERMAN: That's fine.

6 DR. ATSUKO KOYAMA: I'm a pediatric
7 emergency medicine doctor and abortion provider
8 here in Atlanta. And I strongly oppose HB 481,
9 which is an outright ban on abortion for women who
10 don't have the ability to travel out of state, to
11 take time off work, find childcare.

12 This bill prohibits healthcare
13 providers like myself from providing safe,
14 ethical, necessary care to women who are the most
15 vulnerable: women of color, teenagers, and
16 immigrants.

17 As an ER doctor, I am here to tell you
18 that women will continue to have abortions even if
19 this law is passed. Jennifer came to me in my ER
20 with fever and bleeding. She had taken a
21 medication that was from her home country that
22 started an abortion, and now she was hemorrhaging
23 and dying. She will not be alone in our ERs if
24 this bill passes.

25 As an ER physician, I also take care of

1 girls and teens who have been raped and who are
2 victims of sex trafficking. It is devastating
3 caring for these traumatized girls. Some of these
4 girls who are trafficked aren't able to name their
5 trafficker making any kind of police report
6 impossible. Forcing anyone, but especially girls
7 and teens, to tell their stories over and over
8 again in order to seek abortion services is
9 inhumane.

10 As an ER doctor, I have had the tragic
11 cases of having to pronounce death of children who
12 still have heart activity because the child's
13 heart rhythm is not sustainable with life. I can
14 tell you that as an ER physician, there are cases
15 where a heart rhythm does not mean a person is
16 alive. This law is not medically sound.

17 Taking care of teenagers, I also met
18 a girl -- she's 18 years old, technically an
19 adult -- tell me that her pediatrician would not
20 prescribe her birth control pills because she
21 shouldn't be having sex. Some girls are scared to
22 tell their parents that they are having sex, let
23 alone that they may be pregnant.

24 Putting arbitrary gestational limits on
25 abortion will increase Georgia's already high

1 maternal mortality rate. We rank number one in
2 the US. This is not a proud distinction we should
3 be having. Safe, legal abortion is a necessary
4 component of women's healthcare.

5 This bill saddens and angers me because
6 my patients are real people. They deserve the
7 very best medical care unbiased by political
8 interference. My patients deserve the right to
9 make their own medical decisions that are best for
10 themselves and their families and their
11 circumstances.

12 With our bizonally high maternal
13 mortality, teen pregnancy rates, and sexually
14 transmitted infection rates here in Georgia, it's
15 time to focus on legislation that would increase
16 access to preventive care, not ban access to
17 critical healthcare.

18 Thank you.

19 DR. MIRIAM ZIEMAN: Good afternoon.
20 Thank you, Senators, for the opportunity to
21 testify in opposition to HB 481. My name is
22 Dr. Miriam Ziemann, and I'm a board-certified
23 ob-gyn.

24 I agree with everything said about the
25 heartbeat and viability. I just want to add to

1 the senator who presented the bill's point that
2 ectopic pregnancies also have heartbeats, and they
3 are not viable.

4 This bill states that it, quote,
5 "provides the best opportunity for the unborn
6 child to survive." But by approving this bill,
7 you are doing the opposite to the mother. In your
8 proposal to grant fetuses full human rights, you
9 are negating the mother's full rights, especially
10 her right to survive pregnancy.

11 You've heard about the high maternal
12 mortality in Georgia. It's quoted as 37 per
13 100,000 live births; whereas in the rest of the
14 US, it's 14. And we already have a shortage of
15 ob-gyns. Fewer ob-gyns mean less healthcare for
16 every Georgia woman regardless of age and
17 pregnancy status.

18 This bill states that, quote, "The
19 state of Georgia is applying reason and judgment
20 to the full body of modern medical science." The
21 scientific community disagrees. ACOG states,
22 "Safe, legal abortion is a necessary component of
23 women's healthcare." The AMA states, "There
24 should be no unjustified government intrusion in
25 medicine."

1 "The American Society for Reproductive
2 Medicine is strongly opposed to measures granting
3 constitutional rights or protections and
4 'personhood' status to fertilized reproductive
5 tissues." And the American Academy of Family
6 Physicians publicly opposes the use of and the
7 concept of fetal personhood language in
8 governmental policies and legislation as it
9 infringes on the bodily autonomy of pregnant
10 persons.

11 It's because these -- the reason
12 medical scientific organizations oppose this is it
13 contradicts the five central ethical principles
14 guiding the medical profession. Number one,
15 Justice. It is unjust to limit women's access to
16 care. And it is unjust that women of means will
17 always be able to access abortion by travel to
18 another state, whereas poor women will not.

19 Autonomy: Patient choice should guide their own
20 medical treatment. Beneficence: There's a duty
21 to provide help and benefits to women, not harm.
22 Fidelity: This includes the ethical principle of
23 confidentiality which is not maintained with this
24 bill. Nonmaleficence: Do no harm.

25 My final point is the proposed law is

1 in direct opposition to the Georgia medical
2 license code the physicians must adhere to less
3 they receive disciplinary action. The Georgia
4 Composite Medical Board that oversees Georgia
5 licensing of physicians states, "If a physician
6 practices below the minimum standards of
7 acceptable and prevailing practice, they are
8 subject to disciplinary action."

9 As stated above, ACOG, who represents
10 standards for practice for ob-gyns, states, "Safe
11 legal abortion is a necessary component of women's
12 healthcare." This law would force Georgia
13 physicians to practice below standards of care.

14 Thank you.

15 CHAIRPERSON UNTERMAN: Thank you. We
16 appreciate you coming.

17 Okay. So we're starting on the next
18 page. Joline Milord, Laura Anderson, Tiffany
19 Hailstorks, Lisa Haddad, Bob Wiskind, and Jasmine
20 Cummings. If they want to all come on up, we
21 appreciate it.

22 JOLINE MILORD: Good afternoon. My
23 name is Joline Milord. I live in Lithonia,
24 Georgia, now. I'm a licensed certified nurse
25 midwife as well as a sexual assault nurse

1 examiner. I'm here to speak on behalf of the
2 women I see and serve on a day-to-day basis.

3 The majority of women do not know that
4 they are pregnant until after a period or two are
5 even missed. Due to changes in exercise,
6 hormones, medications, stress levels, and life in
7 general, a woman's cycle can be irregular causing
8 missed periods -- missed periods and/or light
9 spotting to be a normal occurrence.

10 The light spotting that can be found
11 with implantation bleeding can be mistaken for a
12 light period. And until other symptoms manifest,
13 a woman typically does not know she is pregnant
14 until approximately six to eight weeks' gestation.

15 Things like the stress of studying for
16 midterms, working two jobs to provide for people,
17 abuse from a significant other, taking a new
18 medication, lack of health insurance, or finances,
19 et cetera, can cause distractions to where a woman
20 misses a period and is simply not available for a
21 quick appointment that same or even next day.

22 Making the decision to terminate a
23 pregnancy is not an easy one, and that is not one
24 that is carelessly made and executed. No woman
25 ever gets pregnant with the intent on having an

1 abortion. It takes thought; weighing her options
2 fully; discussion with partners, family, friends,
3 clergy, and/or even medical providers.

4 It is far from as simple as deciding
5 which movie to watch or which restaurant to go to.
6 Asking any woman to make a decision in a day's
7 time from finding out she's even pregnant to
8 making a lifelong choice is unfair and dangerous.
9 We as adults take longer to choose which movie to
10 watch or what to serve at our next dinner party.

11 Before she even knows she needs to make
12 a lifelong decision, a choice is being made for
13 her. With the earliest fetal anomaly risk
14 testing, even being safely performed not until
15 about 10 to 14 weeks, a family is forced to carry
16 a pregnancy and a child with a potentially fatal
17 or severely low quality of life to term.

18 While the exception for rape and incest
19 is admirable, what happens to the young woman who
20 was assaulted and chooses to not take on the
21 presumable judgment of being shamed or called a
22 liar and decides to not even file a police report?
23 She is no longer given the choice to try to
24 emotionally deal with the incident and move on
25 with her life in private. She now has to either

1 file a police report and pray that someone
2 believes her enough to allow her a procedure or
3 carry an unwanted pregnancy and child conceived in
4 the most horrific way possible.

5 Women who are assaulted have many
6 emotional and mental things to deal with following
7 that trauma. And the fear of long-term physical
8 repercussions and reminders from their assault is
9 high on that list. With Georgia's large rate of
10 human sex trafficking, the risk of unreported
11 assaults resulting in unwanted pregnancies is much
12 higher raising the risk of continuing that cycle
13 of abuse.

14 With such drastic limitations on when
15 a woman can have an abortion, women and families
16 will be forced into making drastic decisions
17 early; early abortions without the opportunity
18 to fully weigh all options, women traveling to
19 less-than-safe areas or even Googling at-home
20 abortion and dying as a result. Men will not have
21 a say in what happens with their unborn child with
22 these forced decisions.

23 CHAIRPERSON UNTERMAN: Okay. Let's
24 wrap up.

25 JOLINE MILORD: Abortions are going to

1 happen whether anyone here agrees with it or not.
2 Whether women, your wives, girlfriends, sisters,
3 daughters, and/or friends survive them either
4 physically and/or mentally depends on decisions
5 that we make here today.

6 CHAIRPERSON UNTERMAN: Thank you for
7 coming.

8 Okay. So we are down to about how many
9 minutes?

10 There's eight minutes left.

11 LAURA ANDERSON: I'll be quick.

12 CHAIRPERSON UNTERMAN: And there's
13 about 14 people.

14 (Whereupon off-the-record discussion
15 ensued.)

16 CHAIRPERSON UNTERMAN: There's 40 left,
17 and there's only about 12 minutes.

18 LAURA ANDERSON: I'll be two minutes.

19 CHAIRPERSON UNTERMAN: So if you could
20 do a minute, and that will give some of the people
21 behind you a chance to be able to speak.

22 LAURA ANDERSON: I'll do my best.

23 CHAIRPERSON UNTERMAN: Thank you.

24 LAURA ANDERSON: Thank you.

25 So my name is Laura Anderson. I am

1 from Atlanta. I am a registered nurse. I have
2 been working in one sphere or another of abortion
3 care for the past 12 years. I currently am a
4 full-time nurse at an abortion clinic here in
5 Atlanta.

6 In the 12 years, all the women I've
7 seen are unified and motivated by their choice of
8 compassion. They all talk about compassion for
9 the family they have, for the life that they're
10 carrying, whatever they refer to it as. The
11 person that they rarely show compassion to is
12 themselves.

13 They are making this decision because
14 they are already mothers, or they will be mothers.
15 Statistically we have seen that women who have
16 abortions are likely to be mothers. And that's
17 why we care about maternal mortality.

18 We at the clinic already see patients
19 who have been referred, not told by their doctors
20 you should abort, but referred for an abortion for
21 health reasons: specifically hypertension,
22 diabetes, health conditions that affect women of
23 color in rural areas. So we see patients who have
24 not had access to care and are just finding that
25 out.

1 We also see happy outcomes. Patients
2 who later come back with their babies to introduce
3 to us because that happens. I have counseled
4 women about their full options, and that child is
5 10 years old now. The unifying factor,
6 compassion. Please don't take that away from us
7 as nurses and providers.

8 And I would also like to share many
9 more stories, but I feel that those stories are
10 not mine to tell. The women who would have
11 abortions, who choose abortions, do not owe their
12 stories to anyone.

13 And, please, in the name of compassion
14 and science, say no to this law.

15 JASMINE CUMMINGS: All right. Thank
16 you-all for listening. My name is Jasmine
17 Cummings. I live and work in Atlanta.

18 And at 19 years old, I made a decision
19 for my health and for my life to have an abortion.
20 At about six weeks, I found out I was pregnant.
21 And upon finding out, I took the time to consider
22 all my options. I did research, and I educated
23 myself properly. I considered the option of
24 parenting. I considered adopting. And with
25 everything considered, having an abortion was the

1 best option for me.

2 If I were to be told the same news
3 right now and House Bill 481 was law, then not
4 only would I not have the time to consider all
5 these things, I wouldn't even have these options
6 because House Bill 481 dictates that at six weeks,
7 an abortion is illegal. This limitation of my
8 options would not change my confusion, nor would
9 it change my feelings of fear, and nor would it
10 erase my sense of desperation.

11 And I truly believe that this
12 conversation is about safe and legal abortions.
13 It was not about "if." Whether or not I would
14 have had an abortion is not on the table. It is
15 how. And so that is the option that we are taking
16 away from people.

17 And so I'm asking you-all to vote no
18 for House Bill 481.

19 CHAIRPERSON UNTERMAN: Thank you.

20 DR. ROBERT WISKIND: Robert Wiskind,
21 Atlanta, speaking on behalf of the Georgia Chapter
22 of the American Academy of Pediatrics. I'm a
23 pediatrician.

24 The Georgia AAP represents over 1,700
25 pediatricians throughout the state. The members

1 of the Georgia AAP have a wide variety of opinions
2 on the topic of abortion, but we are united in our
3 passion of caring for children while promoting and
4 protecting their health. We support our
5 obstetrical colleagues in opposition to this bill.

6 For many teenagers who become pregnant,
7 their first healthcare visit is with a
8 pediatrician. Some come to us because of
9 stomachaches or vomiting learning that they are
10 pregnant from the tests done in our office.
11 Others may suspect they are pregnant but delay
12 visiting the doctor because they don't want their
13 parents to know. Too many are hesitant to seek
14 medical care at all because of abusive
15 relationships with family members. Unfortunately,
16 some of these pregnant patients are still
17 children, 12 to 14 years of age.

18 HB 481 interferes with a pregnant
19 teenager's ability to make a decision about her
20 pregnancy as many do not even know that they are
21 pregnant until after the fetal heart rate can be
22 detected at six weeks.

23 Adolescents who have been sexually
24 assaulted, including by family members, are often
25 reluctant to file a police report. This

1 legislation would not allow an exception for these
2 teenagers to terminate their pregnancies after
3 six weeks.

4 It is a physician's responsibility to
5 review all treatment options with a patient. For
6 pregnant teenagers, this includes terminating the
7 pregnancy. HB 481 removes that option for most
8 pregnant teenagers disrupting the shared
9 decision-making process between these adolescents
10 and their physicians.

11 Thank you.

12 CHAIRPERSON UNTERMAN: Thank you.

13 DR. ADRIENNE ZERTUCHE: Madam Chair,
14 Members of the Committee, my name is Dr. Adrienne
15 Zertuche, and I am an obstetrician/gynecologist
16 from Atlanta. And I'm the president of the
17 Georgia Maternal and Infant Health Research Group.
18 And I stand here in opposition to House Bill 481.

19 The topic of abortion has always been
20 and always will be a motive and divisive. And I
21 stand here not today as a pro-life or a pro-choice
22 ob-gyn and not as a republican or democratic
23 constituent but as an objective, nonpartisan
24 physician/researcher.

25 I stand here today to ask the committee

1 to shift today's conversation from the polarizing
2 issue of abortion to the unifying issue of
3 maternal and infant health. Whatever your belief
4 may be surrounding pregnancy termination, I ask
5 you to consider the implications of HB 481 for the
6 health of Georgia's mothers and babies.

7 As many of you are aware, Georgia has a
8 rural obstetric care crisis. My research
9 demonstrates that 55 percent of the areas outside
10 of metro Atlanta have a shortage of providers that
11 care for pregnant women and deliver babies. 80
12 percent of these areas have no obstetricians
13 whatsoever. And those care deserts have grown
14 more than 20 percent in the past eight years.

15 Furthermore, in the past 25 years, more
16 than 30 labor and delivery units in Georgia have
17 closed leading to a nearly 50-percent decline in
18 rural birthing facility access. These provider
19 shortages and L&D closures have devastating
20 consequences.

21 My research shows that more than one in
22 four pregnant women in Georgia cannot access local
23 care and must drive more than 45 minutes both for
24 visits and while in labor to deliver their child.
25 These women are at risk for a number of pregnancy

1 complications, and they are 50 percent more likely
2 to deliver premature babies which will often
3 require extensive and expensive ICU care.

4 If House Bill 481 passes, my research
5 shows that the obstetric provider shortages will
6 worsen. Practicing obstetricians fearful of
7 legislation that criminalizes care may flee.

8 Furthermore, current Georgia trainees
9 will go into practice elsewhere. When surveyed,
10 46 percent of our ob-gyn residents and 32 percent
11 of our midwifery students reported they will be
12 less likely to stay in state with the passage of
13 legislative like HB 481. Georgia has invested too
14 many resources in midwifery education residency
15 training, and we simply cannot let this happen.

16 I'd like to close my remarks today by
17 reminding the committee that Georgia has the
18 highest maternal mortality rate in the United
19 States. A critical first step in adjusting this
20 devastating and, frankly, embarrassing statistic
21 is ensuring we have enough Georgia providers and
22 hospitals to provide pregnancy care.

23 Therefore, no matter your beliefs
24 surrounding abortion, I ask that you vote no on
25 HB 481. I ask that you leave politics at the door

1 and make a nonpartisan commitment to keeping rural
2 hospitals open and rural obstetricians in practice
3 so that we can continue Georgia's fight for
4 healthy mothers and healthy babies.

5 Thank you for your time.

6 CHAIRPERSON UNTERMAN: Thank you.

7 Okay. What's your name?

8 KELLY STATHAM HALL: Good evening. I'm
9 Kelly Statham Hall.

10 CHAIRPERSON UNTERMAN: Okay. We're not
11 going in order.

12 KELLY STATHAM HALL: That's right.

13 CHAIRPERSON UNTERMAN: And you know
14 it's really not fair to people who signed up, you
15 know, to jump over. So I'm going to let you go
16 ahead, but I'm going to call out the next row.

17 And our time is actually up, but I'm
18 going to go ahead with the committee's purview to
19 go ahead and persevere and -- you know, as long as
20 you want to stay. But I'd like to limit the
21 number of minutes from three minutes. So let's
22 get it down to maybe a minute.

23 KELLY STATHAM HALL: Thank you.

24 CHAIRPERSON UNTERMAN: What's your name
25 again?

1 KELLY STATHAM HALL: Thank you, Madam
2 Chairman. My name is Kelly Hall. I am a faculty
3 member in the School of Public Health at Emory
4 University, and I am also a nurse practitioner.
5 And my Ph.D. is in maternal child health and
6 epidemiology. And I'm here to express my own
7 views today.

8 So my research program as well as my
9 expertise in the body of scientific evidence on
10 the impact of lack of access to abortion care is
11 informed by my clinical work. But I have -- my
12 research has shown in the most rigorous scientific
13 literature including that which has been reviewed
14 by the American Psychological Association and the
15 Royal College of Psychiatrists has shown that lack
16 of access to abortion, family planning, and
17 restrictive abortion policies contribute to higher
18 rates of adverse maternal child health outcomes
19 including maternal mortality which we've heard
20 about but also with higher rates of depression,
21 anxiety, suicidal ideation, substance use,
22 violence, child maltreatment, child abuse, child
23 homicide, and even has implications for our HIV
24 epidemic.

25 These are the very same public health

1 issues, some of which have been acknowledged by
2 our state as crisis in epidemics, in fact, that
3 have been discussed at this very hearing today and
4 which have bipartisan support in our Georgia's
5 policy priorities.

6 CHAIRPERSON UNTERMAN: Okay. Thank you
7 very much.

8 KELLY STATHAM HALL: Thank you.

9 CHAIRPERSON UNTERMAN: Appreciate it.
10 All right. Tiffany Hailstorks?

11 UNIDENTIFIED PERSON: (Inaudible) Sean
12 Young (inaudible).

13 DR. TIFFANY HAILSTORKS: Hello.

14 CHAIRPERSON UNTERMAN: Yes. They've
15 been jumping around. I don't know who's on the
16 list anymore. They've been jumping around,
17 skipping.

18 But we're going to start going in order
19 because you're getting my records -- these are
20 records for the committee, and we have to keep
21 them straight.

22 So what was the name?

23 UNIDENTIFIED PERSON: Sean Young?

24 CHAIRPERSON UNTERMAN: Sean Young. Can
25 you look for that one?

1 Okay. What's your name?

2 DR. TIFFANY HAILSTORKS: Hi. I'm

3 Dr. Tiffany Hailstorks, and I'm a practicing

4 ob-gyn in Atlanta.

5 CHAIRPERSON UNTERMAN: Thank you.

6 DR. TIFFANY HAILSTORKS: I'm here today

7 to tell you why this bill is harmful to women.

8 This bill effectively bans abortion for virtually

9 all patients in Georgia as it will ban abortion

10 before many patients even know that they are

11 pregnant.

12 Bans on abortion obstruct the

13 patient-provider relationship, the sanctity of

14 which is a cornerstone of medical care in our

15 country, and they take away a patient's right to

16 make their own medical decisions.

17 The decision to terminate a pregnancy

18 is multifaceted. As a physician, I know that

19 once a patient has made the decision to end a

20 pregnancy, they need access to compassionate and

21 expert healthcare in their community.

22 When abortion is not an option, women

23 and their babies suffer. States with more

24 abortion restrictions tend to have poorer health

25 outcomes for women and children than other states

1 including higher rates of maternal and infant
2 mortality.

3 I take care of many women with complex
4 medical problems who need medically-indicated
5 terminations of pregnancy. I want to tell you
6 about a patient that I will refer to as Michelle.
7 Michelle has a history of congestive heart
8 failure. This heart condition developed after the
9 delivery of her last child. She sees a
10 cardiologist regularly because of her coexisting
11 condition.

12 She's now 15 weeks' pregnant and
13 advised by her provider that continuing the
14 pregnancy could potentially worsen her heart
15 problem. She is counseled that her risk of
16 mortality is as high as 50 percent.

17 How would we help Michelle if this ban
18 passes? Are we expected to refer her to another
19 state for care? It is unethical to counsel her
20 about all her pregnancy options and risks and then
21 only offer her management that may potentially
22 worsen her condition and increase her morbidity
23 and mortality. It is even more dangerous to
24 restrict her choice because she lives in a state
25 that denies her the option to choose.

1 As a provider, it is my job to counsel
2 her about her options and manage her care in a way
3 to help optimize her health. How can this be done
4 with harmful restrictions like this ban?

5 CHAIRPERSON UNTERMAN: Okay. Thank you
6 very much.

7 DR. TIFFANY HAILSTORKS: Thank you.

8 CHAIRPERSON UNTERMAN: All right. So
9 Lisa Haddad. And if Sean Young is outside -- if
10 Sean Young is outside, come into the room, please.
11 Lisa Haddad?

12 And, Tiffany, are you from Emory?

13 UNIDENTIFIED PERSON: Yes, she is.

14 DR. LISA HADDAD: Thank you for this
15 opportunity to present to you today. My name is
16 Dr. Lisa Haddad. I'm an associate professor of
17 obstetrics and gynecology at Emory University
18 School of Medicine. I'm speaking to you today on
19 my behalf against HB 481 as an obstetric provider
20 in Georgia for the last ten years as well as a
21 mother of three children who delivered all in
22 Georgia.

23 Women become pregnant sometimes as they
24 planned but other times due to contraceptive
25 failures, rape, and incest. Women have abortions

1 for many reasons that we've heard of.

2 Abortion is one of the safest
3 procedures in healthcare. Undoubtedly abortion is
4 safer than continuing a pregnancy. Pregnancy
5 cannot be trivialized. It is more than an
6 inconvenience.

7 HB 481 will affect maternal mortality,
8 but this is only the tip of the iceberg. The
9 proposed intent of the bill states that human life
10 is precious. I agree. I honor the life of women
11 in front of me. Pregnancy has risks that we
12 undertake willingly when we choose to parent.

13 We are here so speak out because we
14 believe that patients deserve safe and appropriate
15 medical care. Restricting a woman's choice is not
16 constitutional and will cause our patients and
17 families to suffer.

18 I encourage you to vote no on the bill.
19 Thank you.

20 CHAIRPERSON UNTERMAN: Okay. Thanks.

21 Is Sean Young here?

22 Good. Thank you for coming. Where are
23 you from?

24 SEAN YOUNG: I'm from Atlanta.

25 CHAIRPERSON UNTERMAN: Good. We're

1 glad to have you here.

2 SEAN YOUNG: Thank you.

3 My name is Sean Young, and I'm the
4 legal director of the ACLU of Georgia. The ACLU
5 of Georgia opposes HB 481 because the government
6 should never criminalize the most intimate
7 decision women and couples can make and flies in
8 the face of nearly 50 years of Supreme Court
9 precedent. Eight other states have had similar
10 abortion bans struck down, and the same thing is
11 going to happen here.

12 HB 481 is unconstitutional because it
13 bans abortions months before the point of
14 viability. It's undisputed scientifically --
15 indisputable that a 6-week embryo cannot
16 reasonably survive outside of a woman's uterus.
17 Even the supporters of the bill don't make that
18 claim because they can't.

19 This bill attempts to redefine
20 viability by saying it's just when six weeks
21 happens, but courts are going to see through that
22 in a second. When courts declare this law
23 unconstitutional, it will cost Georgia taxpayers
24 hundreds of thousands if not millions of dollars
25 in legal fees and put them on the hook. Georgia

1 taxpayers do not want to see their taxes wasted on
2 defending unconstitutional bills.

3 And the last point is this: The
4 affirmative defense that the chairman talks about
5 that a woman can defend herself by saying she
6 reasonably thought that there was a medical
7 emergency -- affirmative defenses are raised after
8 a lawsuit is brought. They're raised after a
9 woman is prosecuted, handcuffed, jailed, and
10 indicted.

11 And then you're going to have a jury
12 potentially of all men deliberating over whether a
13 woman was being, quote, "reasonable" when she
14 makes the most personal and some of the most
15 difficult decisions in her life. That is the kind
16 of dystopian landscape that this bill is bringing
17 about.

18 This committee should trust Georgia's
19 women and couples who make these deeply personal
20 and sometimes difficult choices.

21 Please vote no on HB 481.

22 CHAIRPERSON UNTERMAN: Thank you. We
23 appreciate you coming to the Capitol.

24 Okay. So next on the list is Adrienne
25 Zertuche. No?

1 UNIDENTIFIED PERSON: She already went.

2 CHAIRPERSON UNTERMAN: Okay. Sorry.

3 Y'all are --

4 Julia Combs, Martha Brewer, Kelly Hall.

5 UNIDENTIFIED PERSON: She went already.

6 CHAIRPERSON UNTERMAN: Kelly Hall's
7 gone.

8 Liza Clark and Deborah Gonzalez.

9 So you're Julia?

10 DR. JULIA COMBS: I'm Dr. Julia Combs.
11 I live and practice in Atlanta.

12 CHAIRPERSON UNTERMAN: Thank you for
13 coming.

14 DR. JULIA COMBS: Thank you.

15 There's no greater joy for a doctor
16 than to bring a baby into this world, but there
17 is no greater heartache than having to tell a
18 mother-to-be that something is tragically wrong
19 with her pregnancy.

20 I've had the privilege of being
21 licensed to practice ob-gyn in Atlanta for
22 14 years. Four years spent at Emory and at Grady
23 and the last ten at Piedmont Atlanta Hospital. I
24 care very deeply about my job, my patients, and a
25 woman's autonomy surrounding her health and her

1 body.

2 I stand here today to express my
3 adamant opposition to House Bill 481 and to
4 provide information to you that will help you to
5 see the potentially devastating, far-reaching
6 implications should this piece of legislation
7 pass.

8 House Bill 481 is a cruel assault on
9 women facing the most difficult decision of their
10 lives. There is no way to share a career's worth
11 of devastating pregnancy diagnoses that I have had
12 to counsel patients through.

13 Given that, I do wish to share a few
14 real-life scenarios that I do not think that
15 anyone who supports this bill is considering. We
16 have discussed several of these, so I'm just going
17 to skip over to the end.

18 House Bill 481 ignores the medical
19 realities of pregnancy. Very, very few women find
20 out that they are pregnant prior to six weeks. It
21 ignores the medical reality of problems in
22 pregnancy. Most fetal anomalies that might be
23 considered incompatible with life are not
24 discovered often until 18 to 20 weeks.

25 I cherish each time I am part of

1 introducing a baby boy or girl to her proud
2 parents. I cannot fathom how this proposed bill
3 will help women facing a crisis in their most
4 sacred role.

5 To quote a professional association,
6 the American College of Obstetrics And Gynecology,
7 when restrictions are placed on abortion access,
8 women's health suffers.

9 Thank you.

10 CHAIRPERSON UNTERMAN: Thanks for
11 coming to the Capitol.

12 Martha Brewer? She's not here?

13 (No audible response.)

14 Liza Clark?

15 Is Martha Brewer coming back?

16 UNIDENTIFIED PERSON: No.

17 CHAIRPERSON UNTERMAN: Thank you.

18 She was opposed --

19 DR. ELIZABETH CLARK: Madam Chair --

20 CHAIRPERSON UNTERMAN: -- obviously.

21 Okay. So you're Ms. Clark?

22 DR. ELIZABETH CLARK: Yes.

23 CHAIRPERSON UNTERMAN: And where are
24 you from?

25 DR. ELIZABETH CLARK: I'm Dr. Elizabeth

1 Clark, and I think my name is written as Lizzie on
2 there.

3 CHAIRPERSON UNTERMAN: Yes.

4 DR. ELIZABETH CLARK: I'm from Atlanta.

5 Madam Chairman, Members of the
6 Committee, thank you so much for the opportunity.

7 My name is Elizabeth, and I am an
8 ob-gyn practicing at Emory University. I'm a
9 junior fellow of ACOG, and I ask you to oppose
10 this bill.

11 I grew up here in Atlanta, and I was so
12 happy to return after years of training in
13 Seattle, Peru, and in New Mexico, to come back
14 home to serve the women of Georgia.

15 I've been so happy here and so
16 privileged to teach medical students and residents
17 to care for women in labor and delivery and to
18 provide full-spectrum care for women of Georgia.

19 When I was applying to residency
20 programs, I knew that I wanted every available
21 skill to be able to treat my patients. And so I
22 chose programs only that provided full-spectrum
23 care and would provide me with training on medical
24 management of termination of pregnancy and
25 surgical skills.

1 I want to share with you the reasons
2 why I might leave. If my patients know that this
3 bill is passed, what do I say to them? What do I
4 say to them when they ask me for my medical
5 judgment and this bill has passed and I have to
6 hold my tongue?

7 I have to tell her that she's compelled
8 to continue an unwanted or dangerous pregnancy
9 because of the will of a group of elected people
10 with no medical training. It compels me to
11 explain that the Georgia law protects a fetus the
12 size of my thumb at the cost of her liberty and
13 well-being.

14 The law would have a chilling effect on
15 the integrity of the patient-doctor relationship
16 and is not reflective of the needs and values of
17 Georgia. Medical care mandated by politics is not
18 the standard of care that Georgia women deserve.
19 They deserve safe, compassionate, evidence-based
20 care which I urge you to protect today.

21 Thank you for your time.

22 CHAIRPERSON UNTERMAN: Okay. Our
23 batteries are running out, so we're going to take
24 a ten-minute break.

25 And there are -- we're going to count

1 up how many are left, and then I'm going to leave
2 it up to the people of how many minutes they would
3 like based on how many are left.

4 So we'll take a ten-minute break and
5 check out these batteries. Thank you very much.

6 (Proceedings in recess.)

7 CHAIRPERSON UNTERMAN: I'll call the
8 meeting back to order. If everyone could please
9 sit back down. There's a couple of chairs in here
10 if people from the outside want to come in.

11 The plan is -- there's 11 people left.
12 One person came back that did not hear their name
13 called. Let her testify, and then we'll have
14 Representative Setzler come back up.

15 The goal is to be out of here at 7:30.
16 So if y'all could maintain order out there in the
17 hall so that we can hear, I would appreciate it.
18 The evening's getting late.

19 The people that come up, I'm going to
20 give you one minute. One minute, and then let's
21 move on.

22 Deborah Gonzalez?

23 DEBORAH GONZALEZ: Good evening. My
24 name is Deborah Gonzalez. I am the former
25 representative of House District 117 in Athens and

1 an attorney. Thank you so much for having this
2 public hearing on HB 481 and giving us the
3 opportunity to make a few brief comments.

4 Yesterday I was pleased to deliver to
5 my own senator Bill Cowser a letter signed by
6 over 300 of his District 46 constituents who
7 requested that he consider voting no. I say this
8 because earlier today the author of the bill said
9 that there was consensus. I think as we look at
10 this room and we look outside in the hallways,
11 consensus is anything but.

12 Personally, I have two main concerns
13 about this bill, both as an attorney and as a
14 woman. Every story that was told today earlier in
15 testimony all presented what was a woman's choice
16 to have that child. But at the core of each
17 story, it was a choice. And that is all that we
18 are asking, that every woman has that same choice.

19 The unintended consequences that may
20 result from this passing in effect restricts
21 women's rights to make their own decisions
22 regarding their health and the health of their
23 families.

24 One of my goals as a representative was
25 to understand the language of the bill which we

1 were presented with and what was the bill trying
2 to resolve. Let me repeat what has already been
3 stated. This bill will not prevent abortions.
4 What it will do is drive them underground where
5 they are dangerous and deadly. If we talk about
6 protecting the sanctity of life and children, then
7 the question becomes whose life and what children?

8 We are told we need to protect a
9 vulnerable class: the unborn. But I tell you
10 there is another vulnerable class here: women.
11 And we need to take them into account. If we want
12 healthy children, we need to cherish their
13 mothers. We do not need to criminalize them.

14 I ask you to be diligent in your review
15 of the legal language. I ask you to review again
16 and heed the request of your constituents and the
17 women throughout our great state of Georgia.

18 The taking of a right that is so
19 fundamental to a person's autonomy should not be
20 undertaken lightly.

21 Thank you, and I ask you for your vote
22 of no on HB 481.

23 CHAIRPERSON UNTERMAN: Thank you. It
24 was good to see you, and I appreciate your help in
25 Oconee County when we were over there. Yes. That

1 was a good event for sex trafficking.

2 So is Mayreli Jimenez here? She came
3 in the room a while ago. Mayreli, if you're in
4 the hall --

5 So we'll go to the next one while we're
6 waiting on her. Laura Price? Laura Price and
7 then V.J. Williams. Laura Price and V.J.
8 Williams.

9 Are you Laura Price?

10 LAURA PRICE: I am Laura Price. I'm
11 from Kennesaw.

12 CHAIRPERSON UNTERMAN: Thank you for
13 coming.

14 LAURA PRICE: Thank you. This is the
15 first time I've been to the Capitol.

16 CHAIRPERSON UNTERMAN: Isn't it pretty?

17 LAURA PRICE: It is. It is.

18 CHAIRPERSON UNTERMAN: And you're from
19 Kennesaw you said?

20 LAURA PRICE: I'm from Kennesaw, yes,
21 ma'am.

22 CHAIRPERSON UNTERMAN: Thank you for
23 coming. We appreciate it.

24 LAURA PRICE: So this is a rather
25 personal story. I've never spoken to it. There's

1 going to be friends and family that are going to
2 be a little surprised of what I have to say today,
3 but I think that it's important.

4 I've been pregnant six times. I have
5 two children. And some of the doctors spoke today
6 about some of their patients who were having
7 trouble and have had to make difficult decisions.

8 Not to get into too much medical
9 detail, but I have a clotting disorder. And when
10 I got pregnant with my third child, which was
11 my -- sorry. I've got to do a little math --
12 fifth pregnancy, what happened was -- is that my
13 body didn't recognize that it was a baby. It was
14 basically something that was killing me, for lack
15 of a better term. And I started to develop blood
16 clots.

17 I was hospitalized eight times. I
18 spent quite a few days in the ICU, over four
19 times. So the baby was viable, had a heartbeat.
20 There was nothing wrong with the baby, but it was
21 killing me.

22 Under this bill, the baby is viable.
23 There's nothing wrong with the baby, but there was
24 something with me. So under this bill, I wouldn't
25 be here. I would be dead. I wouldn't be here to

1 enjoy my children. They would have no mother. So
2 that's a variable we don't think about, and that's
3 what's important. A name to a face. I wouldn't
4 be here. I would be dead.

5 And that's my time. Thank you very
6 much.

7 CHAIRPERSON UNTERMAN: Okay. Thank
8 you. We appreciate you coming to the Capitol.

9 So is Mayreli here? Mayreli, is she
10 here?

11 (No audible response.)

12 Okay. V.J. Williams?

13 V.J. WILLIAMS: I'm V.J. I was forced
14 to have a child at the age of 19. Now my child is
15 currently incarcerated in the correction system.

16 I wanted an abortion, but I was denied
17 an abortion. I wanted to go to college and be a
18 medical student, but that was dictated by other
19 people.

20 I had a right to make my own decisions,
21 but today I see here that women aren't allowed to
22 make their decisions. The decision-making is in
23 the hands of the government; but the government is
24 not there with the woman feeling her pain, feeling
25 her life, feeling her challenges, feeling her

1 hopes and her dreams. She is forced to be a
2 mother. Forced motherhood: Forced slavery.

3 We put so much precedence on the woman,
4 but I don't see much on many laws dictating what a
5 man should do with his penis. Does a man have a
6 right to stick it in when, where, and how he wants
7 to stick it in? And what is the regulation that
8 bars him from doing that? I see no law. I see no
9 law protecting a woman from the penis.

10 CHAIRPERSON UNTERMAN: Okay. Your
11 time's just about up.

12 V.J. WILLIAMS: Thank you.

13 CHAIRPERSON UNTERMAN: All right.
14 Carol Hays, Lola Roden, and Gloria Tatum, are they
15 here? Any of those people here?

16 (Whereupon off-the-record discussion
17 ensued.)

18 CHAIRPERSON UNTERMAN: Gloria Tatum?

19 GLORIA TATUM: This is not what I
20 wrote. This is going to be a little bit
21 different.

22 Over the past 40 or 50 years, I have
23 seen so many oppressive laws being put on women's
24 bodies, to control women's lives, to criminalize
25 women, to put women in jail; but what I haven't

1 seen is laws on men's bodies.

2 And if you are really serious about
3 wanting to limit abortions, to make them rare and
4 infrequent, then you're going to have to put some
5 laws on men's bodies.

6 I would suggest instead of what you
7 have now, you go back to the drawing board and
8 draw up a male reproductive accountability bill on
9 their reproductive organs because no woman has
10 ever gotten pregnant by herself.

11 And some of the same officials that
12 would support this bill will deny food stamps to
13 needy children, will deny women healthcare,
14 education, housing. They only care about the
15 fetus. But once that fetus is born, they don't
16 care about it. They will give it nothing. They
17 call the women, you know, welfare queens if they
18 want to feed their children. So I'm saying we're
19 not going back to 1950.

20 And I just really pray and hope that a
21 woman -- that women replace the men that are
22 supporting this.

23 CHAIRPERSON UNTERMAN: Okay.

24 Ms. Tatum, where are you from?

25 GLORIA TATUM: I am from wonderful

1 downtown Decatur, Georgia.

2 CHAIRPERSON UNTERMAN: Thank you,
3 ma'am. I can tell we've got the same accent.

4 Okay. Is Lola Roden here? Is she here
5 still?

6 (No audible response.)

7 Okay. I think we're making progress.

8 Scott Young? Scott Young still here?

9 Scott Young? If you're in the hallway --

10 REPRESENTATIVE SEAY: We already heard
11 from -- Sean Young?

12 CHAIRPERSON UNTERMAN: No. It's a
13 different one.

14 REPRESENTATIVE SEAY: Oh, okay.

15 CHAIRPERSON UNTERMAN: Laura Price?
16 I think she spoke already. They kind
17 of jumped out of order.

18 Okay. I think there's one person left.
19 Waiting on her to come back.

20 So Representative Setzler, if you want
21 to go back up to the podium, I think there was a
22 couple of questions. I think -- how long of
23 testimony do we have? How many hours?

24 UNIDENTIFIED PERSON: Hour and
25 22 minutes.

1 CHAIRPERSON UNTERMAN: Hour and 22
2 minutes for the opposition and 48 --

3 UNIDENTIFIED PERSON: And 45 minutes
4 for the (inaudible).

5 CHAIRPERSON UNTERMAN: 45 minutes for
6 the pro.

7 SENATOR JORDAN: Madam Chair?

8 CHAIRPERSON UNTERMAN: Yes.

9 SENATOR JORDAN: While I appreciate the
10 ability to follow up with the sponsor, I believe
11 that the obstetricians, the pediatricians, members
12 of the American Medical Association, and MAG and
13 the women in this room and outside of this room
14 have answered all of my questions and have
15 provided the answers I need with respect to the
16 lack of scientific validity of this bill.

17 So thank you.

18 CHAIRPERSON UNTERMAN: Okay.

19 SENATOR JORDAN: I have no questions.

20 CHAIRPERSON UNTERMAN: Okay. All
21 right. I'm going to wait just a minute for
22 Ms. Vargus to come back.

23 And, Representative Setzler, do you
24 have any rebuttal that you'd like to offer?

25 REPRESENTATIVE SETZLER: Yes, ma'am.

1 I'd love to be able to go through -- I took some
2 detailed notes.

3 Our obstetricians could literally spend
4 a half hour picking apart much of what was said.
5 I will simply say that that's going to be provided
6 to the Chair for part of the committee record.

7 I would say one of the things that I
8 was really disappointed to hear in the hour and
9 22 minutes of testimony is --

10 CHAIRPERSON UNTERMAN: Excuse me just a
11 minute.

12 I think we found the missing person.

13 You want to come on up?

14 I'm sorry, Representative. I just want
15 to give everybody a chance. And if you want to
16 just speak for two minutes, I'd like to hear your
17 story.

18 MAYRELI JIMENEZ: Thank you. Good
19 afternoon. I appreciate the opportunity you've
20 given me today.

21 I think what we're talking about today
22 goes way beyond defending women's rights.

23 CHAIRPERSON UNTERMAN: Do you want to
24 just state your name first and where you live?

25 MAYRELI JIMENEZ: My name is Mayreli

1 Jimenez, and I am here today as a citizen and as
2 somebody that is a true testimony of what this
3 bill represents today.

4 I want to go into a little -- but
5 before I give you my testimony -- and say that
6 today it's way beyond the rights of woman. I have
7 actually been the founder of a woman's movement in
8 Venezuela, and I have always fought for women.

9 But today it's not about choice. It's
10 about preserving life. I've always been a
11 defender of human rights. And the most sacred
12 life that we have is the right to life.

13 And I'm going to give you a little bit
14 of my testimony. I was actually one of the babies
15 that they considered nonviable. My mother was
16 six months in, and she had preeclampsia. Those
17 young women at the time used to smoke a lot, very
18 fashion at the time.

19 And actually the ob-gyn was my uncle
20 who actually delivered her. And he said to her,
21 look. Your life is at risk. I as your ob-gyn,
22 I'm not a person to decide for you, but you will
23 die if you have this baby. But most importantly,
24 this baby is going to be like a monster. Her head
25 is going to be this big. She's going to be tiny

1 with a big head. She's not going to be viable.
2 Actually when I was born, they called me
3 Thumbelina because of that. And I tell people
4 this: I might not be perfect, but I certainly do
5 not look like a monster.

6 So I tell women today, I know that you
7 have a position clinically. If we preserve a bald
8 eagle egg the way we do, why wouldn't we not
9 preserve a child, an innocent child? That's the
10 most important. When I talk about defending life,
11 I'm talking about defending an innocent child.

12 So if it's about choice, fine. We have
13 the choice about our bodies. We have the choice
14 about our life. Do we -- and I leave this
15 reflection to all of you. Do we have the choice
16 to take somebody else's life? Whether you believe
17 in God, whether you believe that we're here
18 because of science, or you believe that we're here
19 because of nature, you do not have that right.

20 And as women, we have a responsibility.
21 Once we have that child in us, whether they're
22 viable or not, that's still a life. And that's
23 why I wanted to leave this testimony here. Tell
24 you that I'm a true testimony of that.

25 And also we have to be careful when we

1 allow -- we say we cannot have abortions. I also
2 have another testimony, which she's not here, but
3 I would like to talk about her. And it's my
4 sister. She used to be a (inaudible) student from
5 the state of Georgia.

6 She was 15 years old. And she went to
7 a parenthood clinic taken by her boyfriend who
8 performed an abortion with somebody else's
9 license. And she's also a true testimony of what
10 this does with doctors. It open a spectrum of
11 saying how my body can be viable or not just
12 because I want to do something.

13 So these women that are 15, 16, 14,
14 that this is a triviality -- and you can look at
15 me that way -- it's real.

16 So thank you for the opportunity.

17 CHAIRPERSON UNTERMAN: Thank you.

18 MAYRELI JIMENEZ: Thank you.

19 CHAIRPERSON UNTERMAN: We appreciate
20 you coming to the Capitol. Thank you very much.

21 Okay. So, Representative Setzler, if
22 you'll come back up and finish up your rebuttal.
23 And I'm sorry to interrupt you, but the Capitol
24 for some of these people who have never been here
25 before, they don't know where to go --

1 REPRESENTATIVE SETZLER: Yes, ma'am.

2 CHAIRPERSON UNTERMAN: -- and it's
3 confusing.

4 REPRESENTATIVE SETZLER: Madam Chair, I
5 appreciate the presentation.

6 There's a lot I could do. If it's the
7 Chair's pleasure, I could go point by point
8 through the remarks, or I could summarize them
9 very briefly as is the lady's pleasure.

10 CHAIRPERSON UNTERMAN: Whatever you
11 feel comfortable with, I think you should
12 disseminate your information and do a good job of
13 it. So --

14 REPRESENTATIVE SETZLER: Sure. Okay.

15 CHAIRPERSON UNTERMAN: -- go over what
16 you've got.

17 REPRESENTATIVE SETZLER: Madam Chair,
18 one thing that was -- again, there's been
19 passionate testimony on both sides.

20 One thing I've been disappointed to
21 hear in the last hour and 22 minutes is a
22 one-sided conversation. This bill seeks to strike
23 the balance between protecting the liberty
24 interest of pregnant mother's and the fundamental
25 life of the child. And one thing that I didn't

1 hear in the last hour and 22 minutes is what
2 abortion is.

3 Now, I don't want to be histrionic. I
4 certainly don't want to be given over to
5 hyperbole. But what we're talking about, Madam
6 Chair, is something I can't even show on a screen
7 in polite company.

8 If I passed out pictures in this room
9 of the products of abortion, if I passed out
10 pictures of what abortion is, I'd get boos and
11 hisses. I'd get boos and hisses because the
12 reality of what we're talking about is so ugly, it
13 falls outside of the range of a polite
14 conversation, Madam Chair.

15 We're trying in this bill to strike a
16 balance that listens to the women that came and
17 talked about their severe fetal anomalies. We
18 know those children are innocent, but we hear the
19 testimony that we heard over the last hour and 22
20 minutes and have a provision in this bill that
21 allows those most severe medically futile
22 pregnancies to be -- as is existing law today --
23 terminated.

24 I have some misgivings with that
25 morally, but I think hearing the totality of the

1 evidence in an effort to try to bring a consensus
2 bill that the people of goodwill can get around,
3 that's what we've done in this bill.

4 I heard some discussion about -- and I
5 won't go through these points point by point. But
6 what I want to say is the balance we're trying to
7 strike is representing the women's liberty
8 interest and the value of this helpless, defensive
9 child.

10 The act of abortion -- some of the
11 obstetricians came up here and talked about
12 wanting access to the full range of, quote,
13 "women's care procedures." What they mean is --
14 and, Madam Chair, forgive me. People in this room
15 forgive me. We're talking about going inside of a
16 mother and pulling babies apart limb from limb
17 outside of their mothers and collecting an
18 inventory of body parts to the right side and
19 making sure that all the skull pieces are there,
20 the body pieces are there, and assembling them to
21 make sure that the abortion procedure is complete.
22 That's what we're talking about on abortions
23 after, you know -- and, again, I can absolutely
24 fill the blanks in. Is it after 13 weeks?
25 15 weeks? 20 weeks? That's what we're talking

1 about here, Madam Chair.

2 This bill recognizes that 14-, 15-,
3 16-, 17-, 18-week abortions -- that's what we're
4 looking at. And, ma'am, we're trying to -- and
5 I'm just going after people that are perhaps on
6 the other side of the question. We're trying to
7 strike a balance to protect the humanity of this
8 innocent child who's completely innocent; that
9 100 percent, 100 percent had no vote in this
10 process.

11 There's a lot of debate about whether
12 women could choose or not choose, and we recognize
13 that. We wrestle with this issue in this bill.
14 We torture over that because it's a careful
15 balance we want to strike.

16 But when you've got a child that's
17 living distinct from their mother, has a human
18 heartbeat, has a circulatory system, and is by so
19 many standards part of our human community. This
20 bill recognizes that it's not only about the
21 woman. It is about the very difficult decision
22 that the woman faces and the fundamental life of
23 this defenseless child, 27,000 of whom last year
24 in Georgia had no choice, had no choice and no
25 voice but were destroyed and weren't even brought

1 into the world. That's the balance we're trying
2 to strike, Madam Chairman.

3 I would say I appreciate the opponents
4 of this bill still really candidly confirmed for
5 me, Madam Chair, that the definition on line 70
6 and 71 of this bill, "'Detectable human heartbeat'
7 means an embryonic or fetal cardiac activity or
8 the steady and repetitive rhythmic contraction of
9 the heart within the gestational sac," that
10 definition is scientifically sound and is the
11 basis on which this bill is founded.

12 We do have an interest to accommodate
13 the liberty interest of the mother, and this bill
14 takes great lengths to do exactly that. But what
15 we have a paramount duty to do under our State's
16 Constitution is protect the fundamental right to
17 life of our citizens, particularly those that are
18 most defenseless among us. And that is squarely
19 what HB 481 does and does with detail,
20 consideration, care, and balance that I think this
21 general assembly can be proud of, Madam Chair.

22 CHAIRPERSON UNTERMAN: Okay. Is there
23 any questions?

24 Do you know, Mr. Setzler, when
25 you -- I mean, Representative Setzler, did they

1 tell you when you would have the fiscal note? Did
2 they tell you when?

3 REPRESENTATIVE SETZLER: I'll talk to
4 the Chair about that afterwards.

5 CHAIRPERSON UNTERMAN: Okay.

6 REPRESENTATIVE SETZLER: We're trying
7 to manage that process. That can potentially play
8 out over the weekend, but I'll address that with
9 Madam Chair.

10 CHAIRPERSON UNTERMAN: All right. So
11 we're going to wrap up.

12 Representative Setzler, we appreciate
13 your time and energy in helping us understand the
14 bill.

15 I'd just like to say for those that are
16 still watching that I appreciate the behavior and
17 how well the meeting has gone. I think we've all
18 done a very good job. I think everyone has been
19 given the opportunity to voice their opinions.

20 If there's anyone out there that has
21 anything they would like submitted into the
22 record, if you'll send it to my office to
23 Ms. Vargus, we'll enter it into the record.

24 For those professionals that testified
25 and had scientific studies or references to any

1 journals and they'd like those disseminated, we'll
2 be glad of those.

3 I will be here off and on tomorrow at
4 the Capitol. I have some appointments in the
5 district, but I'm always available to the
6 committee members if you have suggestions.

7 And is there anything else we need to
8 talk about before the committee?

9 REPRESENTATIVE SETZLER: Madam Chair,
10 if I could, one thing I did share with you
11 electronically, and you can share it with all the
12 committee members, the question from Senator
13 Jordan about the likelihood at the point of
14 heartbeat --

15 CHAIRPERSON UNTERMAN: Yes.

16 REPRESENTATIVE SETZLER: -- six to
17 seven weeks --

18 CHAIRPERSON UNTERMAN: Yes.

19 REPRESENTATIVE SETZLER: -- the
20 likelihood of carrying through to term, the
21 95 percent, I shared those statistics with you
22 electronically.

23 CHAIRPERSON UNTERMAN: And you had that
24 journal reference?

25 REPRESENTATIVE SETZLER: I do. It's in

1 literature. It's in electronic form online. I
2 shared that with the Chair.

3 CHAIRPERSON UNTERMAN: Okay. All
4 right. Sounds good.

5 Anything else from legislative counsel?

6 (No audible response.)

7 I just want to thank the staff for
8 staying here. It means a lot to all of us, and it
9 means a lot to the citizens of Georgia.

10 So with that, I appreciate most
11 importantly law enforcement. You've done a great
12 job today. We couldn't live without you. We love
13 you.

14 I guess with that, meeting's adjourned.
15 Thank you very much.

16 (Proceedings adjourned.)

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1 COURT REPORTER CERTIFICATE

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3 COUNTY OF CHEROKEE:

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13 that I am not of kin or counsel to the
14 parties in the case; am not in the employ
15 of counsel for any of said parties; nor
16 am I in any way interested in the result
17 of said case.

18 This, the 7th day of June, 2019.

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Elizabeth R. Hollingsworth, CCR B-1319

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